

Exhibit 9

April 11th, 2012

Dr. Holly Zhou, c/o Krista Spilker, B.A.
University of Utah School of Medicine
Division of Pediatric Pathology
Primary Children's Medical Center
100 N Mario Capecchi Drive
Salt Lake City, UT 84113-1100

Re: Leena Varughese, M.D., application for Pediatric Pathology training

Dear Dr. Zhou,

I am writing this letter of support at the request of Leena Varughese, M.D., for her application for training in Pediatric Pathology. Leena is a 2008 graduate of the New Jersey Medical School of the University of Medicine and Dentistry of New Jersey. She subsequently joined us at The Mount Sinai School of Medicine, New York City, for her internship and residency training. I know her from her rotations with my group in Gynecologic Pathology.

When she rotated with us, I found Leena's gross descriptions to be detailed, more so than many of our other housestaff, some of whom are quite good. Her diagnostic acumen was also good-to-excellent for her level. I was pleased with the dedication she applied to grossing her specimens, and following up cases. I was particularly impressed this past year, by Leena's ability to identify an unusual, small primary fallopian tube tumor during a frozen section, which her attending had not noticed.

This past 2 years was a period of great turmoil in our department. Our long-time former chairman stepped down, a year's search ensued during which seven highly-qualified, full-time pathologists were dismissed, and we transitioned to a very different, new administration. During this period many challenges arose that do not normally occur in a pathology department. In addition there were interpersonal struggles, which I believe were escalated by the fact that ours is a very high stress, high-volume program. It was an exceedingly difficult time for all of us and Leena did not fare well in this environment. I think it a loss because, she has worked very hard and has promise. I believe a more stable program would be a better 'fit' for her. I hope you would interview her. If I can be of further assistance, please do not hesitate to contact me by phone: (212)

241-3784, or e-mail: tamara.kalir@mssm.edu

Sincerely yours,

Tamara Kalir, M.D., Ph.D.
Associate Professor of Pathology
Director, Division of Gynecologic Pathology


January 23, 2012

Guan-Qian Xiao MD, PH.D
Assistant Professor of Pathology
Mount Sinai Medical Center
1 Gustave L Levy Place
New York, New York 10029

Dear Sir/Madam,

I have known Dr. Leena Varughese for 3 years. She has proven herself to be capable, interested, and intelligent. I have witnessed her give presentations, perform frozen sections, and render diagnoses independently with support from attending staff pathologists. I have over this time monitored her progress in distinguishing diagnostic criteria. She has been shown the ability to synthesize clinical and pathologic information to make decisions about proper patient care. She has shown a great commitment to and enthusiasm for the field of pathology practice. I hereby support her application. Please contact me if you have any further questions.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Guan-Qian Xiao', with a long horizontal line extending to the right.

Guang-Qian Xiao, MD

Exhibit 10

Alvarez, Mayra

From: Martinez, Mayra
Sent: Wednesday, November 16, 2011 11:10 AM
To: 'Billie Fyfe'
Subject: RE: FW: Leena Varughese
Attachments: Var 11357667.pdf

Attached is her ERAS application, she is missing 3 letters of recommendation...im working on getting the # for the PD

From: Billie Fyfe [mailto:fyfekibs@gmail.com]
Sent: Wednesday, November 16, 2011 11:01 AM
To: Martinez, Mayra
Subject: Re: FW: Leena Varughese

AHA OK Maybe maybe

Perhaps I should speak with Pat Lento the program director also. Can you get me possibly Pat's contact information and a printout of this young womans resume?

thanks

B

On Wed, Nov 16, 2011 at 10:58 AM, Martinez, Mayra <martinm7@umdnj.edu> wrote:

Yes that's what I was planning on doing is transferring the call to you...she would be a 4th year

From: Billie Fyfe [mailto:fyfekibs@gmail.com]
Sent: Wednesday, November 16, 2011 10:56 AM
To: Martinez, Mayra
Subject: Re: FW: Leena Varughese

Perhaps let him speak with me

Remind me again what year she would be??

B

On Wed, Nov 16, 2011 at 9:29 AM, Martinez, Mayra <martinm7@umdnj.edu> wrote:

fyi

From: Carter, Allene [mailto:allene.carter@mssm.edu]
Sent: Wednesday, November 16, 2011 9:19 AM
To: Martinez, Mayra
Subject: Re: Leena Varughese



Good Morning Mayra:

Sorry, I was unable to respond to your e-mail at an earlier date. Dr. Firpo, is away at this time, he will contact you next week regarding Leena Varughese.

Allene Carter

Residency & Fellowship Program Manager

Department of Pathology - Box 1194

Mount Sinai School of Medicine

One Gustave L. Levy Place

New York, New York 10029

Tel: (212) 241-8014

Fax: (212) 426-5129

Exhibit 11

Alvarez, Mayra

From: Fyfe-Kirschner, Bille
Sent: Monday, January 30, 2012 9:49 AM
To: leena v
Cc: Martinez, Mayra
Subject: Re: Application

Hello Leena

This is how I am loosely structuring your day tomorrow!

8:30 arrive my office – MEB 212 meet me and Mayra Alvarez (Program coordinator)
Signout (AP residents and Dr. Barnard and Dr Chekmareva (attendings – Dr Nicola Barnard is the chief of our anatomic pathology services)) (Dr Fyfe will bring candidate to signout area)
Roy Rhodes PhD MD – Neuropathology director - 10:00 AM (he will pick up in the signout room and return you to signout room)
12:00 noon Lunch with residents, Dr Fyfe, Dr Evan Cadoff (Interim Chair of department)
Tour of department- Jay Hudgins DO Pathology PGY1 (Jay will either have lunch with us and you will leave from cafeteria or he will pick you up from cafeteria - perform tour and bring you back to MEB 212)
Post tour meet with Dr Fyfe and Dr Mercy Kuriyan (Blood Bank/transfusion Medicine director) at MEB 212 at 1:20 - Dr Kuriyan will come to MEB and Dr Fyfe will meet with you to follow
Meet with Dr Aviv, Cytogenetics director - 2:00 PM
Dr Aviv will bring you back to MEB 212
2:20 PM or so close day with Dr Fyfe

Leena Please bring your parking ticket if you are driving so that we may validate it. Also, if choosing NJ Transit please be aware that the New Brunswick stop is basically at the hospital – you just walk up the street a little ways and are there.

Thanks

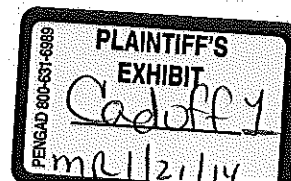
Bille

From: leena v <leenav@gmail.com>
Date: Thu, 26 Jan 2012 16:26:00 -0500
To: Bille Fyfe <fyfekibs@umdnj.edu>
Subject: Application

Dr. Fyfe-Kirschner:

I am emailing to inquire about the PGY4 position that is available at your residency training program, as per "residentswap.org" website, for the following year. I was interested in applying because I am currently a PGY4 pathology trainee who had completed all prior 3 years satisfactorily. Another indication that I have satisfactorily completed the 3 years was the renewal of my contract in March of 2011 for the year 2011-2012. I have numerous, in fact, majority of my evaluations have been positive and satisfactory. I can provide several letters of recommendation to prove that I am in fact a qualified resident for the available PGY4 spot.

The current predicament is the effect of bad politics but something that I cannot control. It should not affect my ability to work in a new environment and I would like to complete my training, as I am committed to training in pathology.

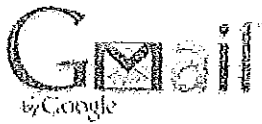


Please consider my application, which is in the ERAS. I look forward to hearing from you.

Sincerely,

Leena Varughese

Exhibit 12



Leena V <leenav@gmail.com>

Application

leena v <leenav@gmail.com>

Fri, Jan 27, 2012 at 1:33 PM

To: "Fyfe-Kirschner, Billie" <fyfekibs@umdnj.edu>

Dr. Fyfe,

I am forwarding a copy of the RISE score from 2010 which, is how I normally score on exams. I am also sending some recent evaluations from people that I worked with. I am also including an updated copy of the rotation tallies.

As for my grossing skills, I have never 'butchered' a specimen or grossed anything incompetently that a patient would be harmed or misdiagnosed. If anything, I am a little too meticulous about malignant cases and prophylactic resections and follow the standard protocol for any non-malignant case. As for my autopsy skills, I began assisting junior residents and peers with their dissections over the years. I harvested appropriate tissue from pediatric patient on Christmas night to ensure diagnosis of a metabolic disorder. I have been able to assist in rendering the correct diagnosis by suggesting additional studies during frozen sections and being thorough. I have attended to all the transplant calls without incident. I was able to assist the hospital by identifying unusual errors in reporting, issues with alerting clinicians regarding available clinical testing, rare errors in clinical labs etc. I participated on the MOCK-ACGME internal review committee in October 2010 to help identify the problems in the program.

People respect and like me. I invested a lot of energy into learning the ropes in pathology, including attending several review courses over the past 3 years and attending outside conferences. I can't do anything about what happened. I am not in a position to engage derisively with the hospital nor be dishonest about requests that they made of me. On my part, I did my work throughout, without incident, and in good faith.

Thank you again for contacting me and I look forward to hearing from you again.

Sincerely,

Leena Varughese
[Quoted text hidden]

4 attachments





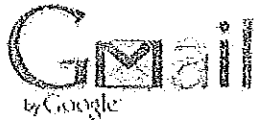
-  2530239010 Leena Varughese RISE Spring 2010 Score copy.pages
289K
-  Evaluations for 2010-2011.pdf
232K
-  Evaluations for 2011-2012.pdf
63K
-  Rotation tallies.pdf
48K

Exhibit 13



Leena V <leenav@gmail.com>

Residency position

1 message

leena v <leenav@gmail.com>

Wed, Feb 1, 2012 at 3:45 PM

To: "Fyfe-Kirschner, Billie" <FyfeKibs@umdnj.edu>

Dear Dr. Fyfe,

Thank you for giving me the opportunity to interview for the 4th year residency training position. I was able to get acclimatized to the training program and the staff on a fairly comprehensive level. I was really pleased to meet with Dr. Cadoff, albeit very briefly. I had mentioned that I could start with a research project in March. I am glad that you have seriously considered my candidacy and was able to contact Dr. Firpo regarding the acquisition of the record of my resident training for the first three years. It was unfortunate to hear that the hospital was not willing to reassure you that they will sent my records to you, and this has essentially prevented you following thru on the offer you made to me for the 4th year residency position.

As I have discussed with you yesterday, the issues with the Mount Sinai Hospital are not within my control, as they have have not been. The hospital/department took actions against me following complaints of harassment. They have been punitive and continue to be, as further evidenced by their denial to verify my three years of residency training with promotion to the subsequent year, to you. I have requested transfers out of the program over the years and getting this job would essentially be the same thing as a transfér. If you hire me, like you have said that you wanted to, I promise to be an asset to your program and perform all my duties in good faith.

Sincerely,
Leena Varughese

Exhibit 14

LEVINE & BLIT, PLLC

Attorneys at Law

EMPIRE STATE BUILDING

350 FIFTH AVENUE, 36TH FLOOR

NEW YORK, NEW YORK 10118

PHONE: (212) 967-3000 - FAX: (212) 967-3010

www.levineblit.com

February 1, 2012

Via Electronic Mail

Amelie P. Trahan

Associate General Counsel

Mount Sinai Medical Center

One Gustave Levy Place, Box 1099

New York, NY 10029

Re: Dr. Leena Varughese

Dear Ms. Trahan,

We are writing to express our dire concern over the most recent unlawful, retaliatory actions taken by the hospital against Dr. Leena Varughese.

In an attempt to move on from her experiences at Mt. Sinai, and to mitigate her damages, Dr. Varughese has sought employment outside of the hospital. In a blatant act of retaliation, Mt. Sinai has refused a most reasonable request from Dr. Varughese's prospective employer, without justification, thus unlawfully seeking to prevent Dr. Varughese from obtaining future employment.

Specifically, it has come to our attention that Dr. Firpo unreasonably refused merely to validate the three years of training that Dr. Varughese has undeniably and successfully completed at Mount Sinai. No legitimate, nondiscriminatory reason exists for the hospital to refuse to confirm such information, which is indisputably true, regarding Dr. Varughese's employment. Clearly, this is an unwarranted attempt to harm Dr. Varughese for her previous complaints of discrimination and retaliation against your institution.

Dr. Firpo's, and the hospital's, actions have directly affected Dr. Varughese's opportunity for gainful employment. With this in mind, we demand that the hospital and its agents: cease engaging in all similar retaliatory actions against Dr. Varughese in the future; immediately verify Dr. Varughese's first three years of training to the prospective employer previously denied such information; and, refrain from any and all retaliatory actions seeking to prevent Dr. Varughese from obtaining future employment.

[1]

Should you have any questions, or wish to discuss the contents of this letter further, please feel free to call me at any time.

Very truly yours,

LEVINE & BLIT, PLLC

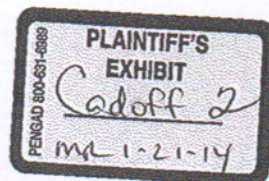
A handwritten signature in black ink, appearing to read 'R. Moriarty', with a long horizontal flourish extending to the right.

Russell S Moriarty, Esq.

Exhibit 15

Alvarez, Mayra

From: Martinez, Mayra
Sent: Friday, February 03, 2012 9:37 AM
To: 'Billie Fyfe'
Subject: Leena
Attachments: Transferring Resident -Leena Varughese summative competency based eval request.doc;
Varughese, Leena - Letter Intent PGY4 July 1, 2012.doc



February 3, 2012

RE: Leena Varughese, M.D.

LETTER OF INTENT

Dear Dr. Varughese:

We are pleased to offer you a PGY 4 position in the Pathology Residency Program at the University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School starting July 1, 2012. This is a letter of understanding, which will be followed by a contract, among you, the Program Director, and the University.

Please sign below if you agree to accept the above position and fax to Mayra Alvarez at (732) 235-8124. Return signed original letter to her attention at UMDNJ – Robert Wood Johnson Medical School, Department of Pathology, One Robert Wood Johnson Place, MEB 212, New Brunswick, NJ 08903.

Sincerely,

Billie Fyfe-Kirschner, M.D.
Program Director, Pathology Residency Program

Leena Varughese, M.D.

Date

Billie Fyfe-Kirschner, M.D., Program Director

Date

BFK:ma
cc: Chairman/GME

Re: Leena Varughese

February 3, 2012

Dear Program Director:

Dr. Leena Varughese will be joining our pathology residency program as a PGY4 Resident beginning July 1, 2012. In accordance with the ACGME common program requirements, we are required to obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of Leena Varughese PGY3 training at your program.

We kindly request that you provide the information requested below.

Dr. Leena Varughese demonstrated to my satisfaction attainment of program objectives for the residency program level of PGY3 in the competency domains of:

COMPETENCY	YES	NO	IF "NO," EXPLAIN
PATIENT CARE			
MEDICAL KNOWLEDGE			
PROFESSIONALISM			
INTERPERSONAL/ COMMUNICATION SKILLS			
PRACTICE-BASED LEARNING			
SYSTEMS-BASED PRACTICE			

The following rotations were completed while a resident at our institution:

ROTATION	DATES	COMPLETED (Y/N)	CREDIT (Y/N)

Signature: _____ Date: _____

Sincerely,

Billie Fyfe-Kirschner, M.D.
Program Director, Pathology Residency Program
UMDNJ Robert Wood Johnson Medical School

Exhibit 16



Leena V <leenav@gmail.com>

Response to letter

leena v <leenav@gmail.com>

Thu, Feb 9, 2012 at 7:24 PM

Bcc: Russell S Moriarty <rmoriarty@levineblit.com>, "Trahant, Amelie" <amelie.trahant@mountsinai.org>, "Lowy, Marina" <Marina.Lowy@mountsinai.org>, "Macdonald, Michael (Legal)" <Michael.Macdonald@mountsinai.org>, Rajit Malliah <rajitmalliah@yahoo.com>, Sheena varughese <srvm55@gmail.com>, "Fyfe-Kirschner, Billie" <Fyfekibs@umdnj.edu>

Dear Ms. Trahant:

Please do not respond in a contentious manner.

The ACGME requirement that applies to the institution that you work for, Mount Sinai Hospital/ Mount Sinai Medical Center, which is of concern to you is III.C.2., which states:

III.C.2. A program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.

It is in the interest of the legal counsel at Mount Sinai Hospital to inform Dr. Firpo, as the new program director, of his responsibilities to provide the summative performance evaluation of the first three years. The summative evaluation is defined as:

V.A.2. Summative Evaluation

The program director must provide a summative evaluation for each resident upon completion of the program. This evaluation must become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy.

This evaluation must:

V.A.2.a) document the resident's performance during the final period of education, and

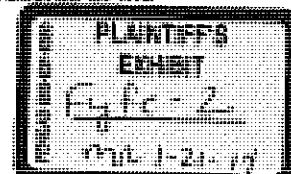
V.A.2.b) verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

FYI, Ms. Trahant, this year was my fourth and final year of training. As I have not completed my training at Mount Sinai Hospital and as such, the hospital is not privy to comment on V.A.2.a) and V.A.2.b). Therefore, the duty of your hospital to me is to summarize my first three years of training.

Also, the Mount Sinai Hospital has made clear it's support of Dr. Cordon-Cardo and Dr. Firpo. However, the fact is that there is an **uniquely matched employment opportunity** afforded to me at another institution, which would enable me to complete the whole PGY4 year. This position is contingent on Mount Sinai Hospital's verification of the first 3 years of training with a summative performance evaluation, which objectively, are the months of training in different rotations over the past 3 years that were performed in good faith and with an employment contract. In fact, Mount Sinai Hospital was privileged enough to have my services that served the hospital and the patients well for the past three+ years.

I have extensively discussed my situation with potential employers. It is highly unusual for a fourth year resident training in AP/CP track to be searching for a similar position. The Mount Sinai Hospital is not allowed to blacklist me to other programs nor prevent me from completing my training.

Please ensure me that you are taking prompt and appropriate steps necessary to provide the records of the



completed three years of training to the requesting institution.

Yours Sincerely,
Dr. Varughese

p.s. Have no fear Ms. Trahant, my matters of the appeal and such is being managed, just as intended. I thank you for again for your concern.

On Thu, Feb 9, 2012 at 3:23 PM, Trahant, Amelie <amelie.trahant@mountsinai.org> wrote:

Dear Dr. Varughese,

ACGME requirements state that Mount Sinai must provide both verification and a summative competency-based performance evaluation of the resident to the requesting institution:

III.C. Resident Transfers

III.C.1. Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.

III.C.2. A program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.

Mount Sinai cannot provide this information to a requesting institution in a piecemeal fashion. As explained in previous correspondence to your attorney, Mount Sinai cannot provide the summative evaluation pending your appeal. The decision of the Appeal Committee will factor into the summative evaluation.

As noted, Mount Sinai went to great efforts to schedule the hearing as soon as possible after you submitted notice of appeal. The appeal was scheduled for December 2011. I sent multiple communications to you by email, letter and voicemail to confirm your attendance, but you did not respond. You also failed to submit a written statement regarding the basis of your appeal. Accordingly, the hearing was cancelled, but Mount Sinai afforded you another opportunity for a hearing date. Your lawyer stated that a hearing date in the beginning of February 2012 worked best with your schedule. Mount Sinai accommodated your request and rescheduled the hearing date for February 6, 2012. Your lawyer subsequently contacted me to delay the hearing again until late February. Mount Sinai quickly responded with a new and final hearing date of February 22. Mount Sinai has made every effort to reach swift resolution of the matter. Any delay in the hearing date was based solely on your specific request.

Best regards,

Amelie P. Trahant
Associate General Counsel
Mount Sinai Medical Center
One Gustave Levy Place, Box 1099
New York, NY 10029
(212) 659-8105

From: leena v [mailto:leenav@gmail.com]
Sent: Wednesday, February 08, 2012 8:47 PM
Subject: Response to letter

Dear General Counsel:

I am interested in an answer in the affirmative to confirm my training of three years in the Anatomic and Clinical pathology residency program. The program is entitled to note its reservations and outline the appeals process to any requesting institution. The forms to assist with the verification are available to program directors. I applaud Mount Sinai Hospital for its purported claims of legal and ethical obligations and I imagine that there are no vested interested in denying me the ability to complete my final year of training at another institution. Please inform me as to the steps taken to ensure that you will be forwarding the information regarding the training that I had completed in good faith and under contractual obligations at your institution.

Sincerely,

Dr. Varughese



Leena V <leenav@gmail.com>

Response to letter

leena v <leenav@gmail.com>

Wed, Feb 8, 2012 at 8:46 PM

Bcc: Russell S Moriarty <rmoriarty@levineblit.com>, Rajit Malliah <rajitmalliah@yahoo.com>, "Trahant, Amelie" <amelie.trahant@mountsinai.org>, "Macdonald, Michael (Legal)" <Michael.Macdonald@mountsinai.org>, "Lowy, Marina" <Marina.Lowy@mountsinai.org>, "Reich, David" <david.reich@mountsinai.org>, kenneth.davis@mssm.edu, wayne.keathley@mssm.edu, dennis.charney@mssm.edu, ira.nash@mountsinai.org, "Fyfe-Kirschner, Billie" <FyfeKibbs@umdnj.edu>

Dear General Counsel:

I am interested in an answer in the affirmative to confirm my training of three years in the Anatomic and Clinical pathology residency program. The program is entitled to note its reservations and outline the appeals process to any requesting institution. The forms to assist with the verification are available to program directors. I applaud Mount Sinai Hospital for its purported claims of legal and ethical obligations and I imagine that there are no vested interested in denying me the ability to complete my final year of training at another institution. Please inform me as to the steps taken to ensure that you will be forwarding the information regarding the training that I had completed in good faith and under contractual obligations at your institution.

Sincerely,

Dr. Varughese

Exhibit 17

Fwd: Re: FW: summative evaluation

Subject: Fwd: Re: FW: summative evaluation

From: Evan Cadoff <cadoff@umdnj.edu>

Date: 3/8/2012 5:29 PM

To: Marie Trontell <trontell@umdnj.edu>, Billie Fyfe-Kirschner <fyfekibs@umdnj.edu>, Antoinette Brooke <brookeam@umdnj.edu>

I do not intend to reply to her most recent email.
Anyone feel otherwise?

----- Original Message -----

Subject: Re: FW: summative evaluation

Date: Thu, 08 Mar 2012 17:02:34 -0500

From: leena v <leenav@gmail.com>

To: Evan Cadoff <cadoff@umdnj.edu>

Dr. Cadoff:

It's unfortunate that Mount Sinai Hospital would not provide the documentation, which would allow me to mitigate my loss of future earnings. Clearly, I had completed three years of training at Mount Sinai Hospital. This is not an issue of contention as I had also been promoted to the final year (2011-2012). I had performed all my work as was expected of me. I urge you to assist me in this difficult situation. Thank you.

Sincerely,

Dr. Varughese

On Thu, Mar 8, 2012 at 4:51 PM, Evan Cadoff <cadoff@umdnj.edu> wrote:

Dr. Varughese,

Your application could not be considered complete without the documentation from your prior program. Sorry, but the position has now been filled.

We wish you the best in your future endeavors.

- Dr. Cadoff

On 3/8/2012 8:01 AM, Fyfe-Kirschner, Billie wrote:

From: leena v <leenav@gmail.com>

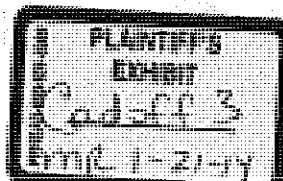
Date: Thu, 8 Mar 2012 06:54:42 -0500

To: Bille Fyfe <fyfekibs@umdnj.edu>

Subject: summative evaluation

Hi Dr. Fyfe:

How are you? I am well. I am emailing to establish that I would like to complete my final year of training in Anatomic and Clinical Pathology. I am happy that you were able to offer me a position at your institution. My training can be verified by several well known doctors. I do sincerely hope that Mount Sinai Hospital will abide by the law regarding matters pertaining to employment



Fwd: Re: FW: summative evaluation

records. It was a pleasure to meet with you and interview with your staff.

Sincerely,

Dr. Leena Varughese

--
Evan M. Cadoff, MD

Professor and Interim Chair
Dept of Pathology and Laboratory Medicine (732) 235-8120
Robert Wood Johnson Medical School fax: (866) 420-8482
New Brunswick, New Jersey 08903-2601 cadoff@umdnj.edu

Director, New Jersey Public Health Laboratories
3 Schwarzkopf Drive (609) 530-8555
Ewing, New Jersey 08628 evan.cadoff@doh.state.nj.us

--
Evan M. Cadoff, MD

Professor and Interim Chair
Dept of Pathology and Laboratory Medicine (732) 235-8120
Robert Wood Johnson Medical School fax: (866) 420-8482
New Brunswick, New Jersey 08903-2601 cadoff@umdnj.edu

Director, New Jersey Public Health Laboratories
3 Schwarzkopf Drive (609) 530-8555
Ewing, New Jersey 08628 evan.cadoff@doh.state.nj.us

Exhibit 18

Update

Subject: Update

From: leena v <leenav@gmail.com>

Date: 3/13/2012 10:58 AM

To: Evan Cadoff <cadoff@umdnj.edu>, "Fyfe-Kirschner, Billie" <fyfekibs@umdnj.edu>

Hi,

I was informed that the Mount Sinai Hospital has completed a summative evaluation. They have agreed to forward the document to potential employers. Could you please request a copy for review? If anything changes with the particular job that I interviewed for, which would allow me to complete my training in another year, I would like to make sure that you have the summative evaluation. Thank you for your time.

Sincerely,

Leena

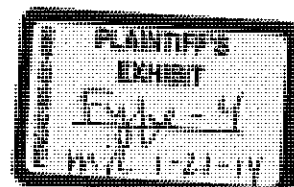


Exhibit 19a



Leena Varughese <leena.k.varughese@gmail.com>

fcvs -f/u on 7-23-2012

1 message

Leena Varughese <leena.k.varughese@gmail.com>
To: leena v <leenav@gmail.com>

Mon, Jul 23, 2012 at 4:03 PM

I called and spoke to FCVS at approximately 3:50 pm regarding the matter. It seems that the signee and program director differed. The signee was Allene Carter and the lister program director is Adolfo Firpo-Betancourt. The FCVS resend the form to them on 7-18-2012 to have it resigned.

In addition, they would like to have me designate myself at a cost of \$60 to be able to review my folder and forms as it is received by the FCVS.

--

This e-mail and any accompanying attachments may be privileged, confidential, contain protected health information about an identified patient or be otherwise protected from disclosure. State and federal law protect the confidentiality of this information. If the reader of this message is not the intended recipient; you are prohibited from using, disclosing, reproducing or distributing this information; you should immediately notify the sender by telephone or e-mail and delete this e-mail.



Leena V <leenav@gmail.com>

Follow up with FCVS/FSMB

1 message

leena v <leenav@gmail.com>

Mon, Aug 13, 2012 at 8:47 PM

To: Leena Varughese <lkv126@gmail.com>

I spoke to a representative at FCVS regarding my license application for NJ, PA, and CT. They received the form Mount Sinai Hospital following several failed attempts due to falsified signatures and refusal to verify the info and new signature. I spoke to FCVS regarding my concern of false or wrong data being reported to FCVS and they will allow me to refrain from sending my data to state licensures until the data is verified by myself first.

Varughese, Leena

FID: 215172933



FCVS ID: 240344

[Home](#) [Credentials](#) [Authorized Contacts](#) [Designations](#) [Documents](#) [Payments](#) [Messages](#)**List Of Applicant Documents**

The document list below provides details about all of the supporting documents you included in your application. If at any time you would like to review your documents click on the link that says **View**.

If your document has a status of Illegible or Incomplete, please review the message that was sent to your preferred email address. A copy of this email will also appear in your [Messages](#) section.

Mode of Delivery	Artifact	Entity Name	Status	Action
Upload	FCVS Affidavit	Varughese Leena	Complete	
Upload	FCVS Authorization and Release	Varughese Leena	Complete	View
None	GME Completion Certificate	Icahn School of Medicine at Mount Sinai	Not Received	Upload
Upload	Valid Original Passport OR Copy w/ Cert. of Identification		Complete	
Upload	Medical School Diploma and English Translation	University of Medicine and Dentistry of New Jersey - New Jersey Medical School	Complete	View

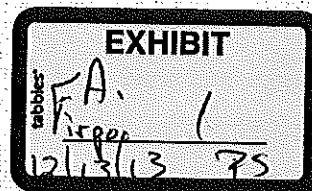
[Home](#) | [Privacy Policy](#) | [A-Z Index](#)

Version: 3.3.14013.1 (13 Jan 2014)

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Alvarez, Mayra

From: Martinez, Mayra
Sent: Friday, February 03, 2012 9:37 AM
To: 'Billie Fyfe'
Subject: Leena
Attachments: Transferring Resident - Leena Varughese summative competency based eval request.doc;
Varughese, Leena - Letter Intent PGY4 July 1, 2012.doc



Alvarez, Mayra

From: Martinez, Mayra
Sent: Wednesday, November 16, 2011 10:59 AM
To: 'Billie Fyfe'
Subject: RE: FW: Leena Varughese

Yes that's what I was planning on doing is transferring the call to you...she would be a 4th year

From: Billie Fyfe [mailto:fyfekibs@gmail.com]
Sent: Wednesday, November 16, 2011 10:56 AM
To: Martinez, Mayra
Subject: Re: FW: Leena Varughese

Perhaps let him speak with me
Remind me again what year she would be??
B

On Wed, Nov 16, 2011 at 9:29 AM, Martinez, Mayra <martinn7@umdnj.edu> wrote:

fyi

From: Carter, Allene [mailto:allene.carter@msm.edu]
Sent: Wednesday, November 16, 2011 9:19 AM
To: Martinez, Mayra
Subject: Re: Leena Varughese

Good Morning Mayra:

Sorry, I was unable to respond to your e-mail at an earlier date. Dr. Firpo, is away at this time, he will contact you next week regarding Leena Varughese.

Allene Carter

Residency & Fellowship Program Manager

Department of Pathology - Box 1194

Mount Sinai School of Medicine

One Gustave L. Levy Place

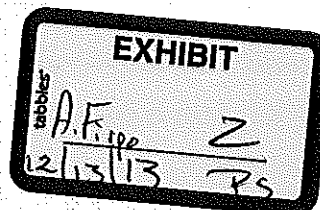


Exhibit 20

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- Positive References
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 - Age Discrimination
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Welcome, **Leena Varughese**. (Logout)

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Reference Check Report for Leena Varughese

[Return to all references](#) 

Confidential Professional Level Reference Report

Reference Subject: **Leena Varughese**

Position Held: Postgraduate (Year 4) in Pathology Dept.

Dates of Employment: 6/08-3/12

Reference Checked: Adolpho Firpo
Pathology Dept.
Mt. Sinai Hospital

Allison & Taylor Report Information:

Title Confirmed?

Date Completed: 2/21/2013

Dates of Emp. Confirmed?

Consultant: Sue Kallgren

Eligible for rehire?

Performance Evaluation Questionnaire

Oral Communications: NC

Financial Skills: NC

Key:

Written Communications: NC

Technical Skills: NC

1=Inadequate

Interpersonal Relations: NC

Productivity: NC

2=Poor

Employee Relations: NC

Decision Making: NC

3=Satisfactory

Leadership: NC

Crisis Management: NC

4=Good

Short Term Planning: NC

Personal Integrity: NC

5=Outstanding

Long Term Planning: NC

Overall Performance: NC

NC=No Comment

Managerial Skills: NC

SB=See Below

NP=Not Applicable

Interview / Correspondence:

Are you able to enthusiastically recommend this person?

Is this person eligible for re-hire within your organization?

Could you fully describe the circumstances and reason for the separation?

Could you describe any strengths and / or weaknesses of this individual?

Could you suggest anyone else that I should speak to regarding this individual?

Additional Notes and Comments:

2/21/2013 Called for Samantha regarding a reference. Spoke with her as she answered the phone. When I told her my name and what the call was regarding, she said yes and politely put me on hold. I need to call Human Resources per Samantha and that number is 212-731-7777. I asked why Dr. Firpo didn't want to provide a reference and she said it's company protocol to refer all references to HR. I've already contacted HR on a separate report.

2/19/2013 Called for Samantha. She is not in today. Did not leave a message at this time.

2/13/2013 Called for Samantha. She is not available but will be available later. Will call back. Did call her back according to our process. Receptionist answered and forwarded me to Samantha. She asked about the position. I provided her with the information: Supervisory position in Pathology practice. She said she will get back to me.

2/12/2013 Called Samantha back to get the name of the person I should speak with regarding a reference. Spoke with Samantha who said to call back this afternoon. She said she can tell me who at that time.
Called for Samantha but she is not available. Will have to call back.

2/11/2013 Called according to our process. Samantha answered and said that Dr. Firpo is unable to provide a reference but to call back tomorrow and she will direct me as to who to speak with. I asked why he was unable to provide a reference and she said just to call back tomorrow.

2/06/2013 Called according to our process. Receptionist answered but he is not available. Did leave a message with her.

2/05/2013 Called according to our process. Line just rings and rings. Did not leave a message at this time.

2/04/2013 Called according to our process. Line just rings and rings. Did not leave a message at this time.

2/04 Dr. Tamar Kalir reference is completed.

TONE OF VOICE seemed:

Professional and polite. I mostly spoke with Samantha but I seemed to get the runaround. If their protocol is not to provide a reference and refer me to HR, why didn't they do that right from the beginning?

[View printer-friendly version of this reference](#)

[Return to all references](#)

Within the past year, our clients have had an increased need for us to maintain their records / reports for several reasons. Many clients are forced to take legal action or possible litigation while

others have lost touch with their reference over the last few years. As such we now offer a service to maintain your records. For only \$19.95 we will keep your report(s) active and available for one year. Otherwise, we will be deleting your records from our files 60 days from the date on this letter.

Additionally, we now offer the service of sending your reference reports directly to prospective employers for the fee of \$29.99. The package includes the report(s) that you wish us to send and a letter explaining that your references have been certified by an unbiased third party.

If you are interested in any of these services, please contact us at **extensions@allisontaylor.com** or call us at **(800) 890-5645**. **Please note: Your records will not be accessible after 60 days from this notice should you choose not to have us maintain them.**

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Exhibit 21



Verification and Summative Evaluation of Graduate Medical Education/Training

(TO BE COMPLETED FOR ANY PHYSICIAN TRAINEE)

Physician Trained: Varughese, Leena

National Provider Identifier Number (NPI): 1871756429

Name of Facility: The Mount Sinai Hospital
One Gustave L. Levy Place
New York, NY 10029

PLF
EXHIBIT NO 57
FOR ID
DEFT
TRN

6/13/13

According to our records, the above-named physician served in the
 Pathology

Residency training program at The Mount Sinai Hospital, New York, NY
 from 7 / 1 / 2008 to 9 / 21 / 2011

Summative Evaluation

The following evaluation is based on demonstrated performance and summative evaluations on file.

	Superior	Satisfactory	Unsatisfactory
Patient Care Ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Knowledge Knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral science, as well as the application of this knowledge to patient care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism Commitment to carrying out professional responsibilities and adherence to ethical principles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Practice-based Learning and Improvement Ability to investigate and evaluate his/her care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Resident: Varughese, Leena
 Last Name First Name

Interpersonal and Communication Skills

Effective exchange of information and collaboration with patients, their families, and health professionals

☐
☐
☒

Systems-based Practice

Awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

☐
☒
☐

Explanation of any of the above competency ratings, if needed:

Dr. Varughese's evaluations over the initial portion of her Pathology residency training at Mount Sinai demonstrated satisfactory development in the six Core Competency domains. In some rotations her performance was considered superior by individual attendings, particularly in the areas of patient care (gynecological pathology) and medical knowledge (VA hospital rotations).

However, Dr. Varughese began to exhibit unprofessional behavior and was placed on academic advisement in December 2010, in the middle of her third year of training. While the program advanced Dr. Varughese to her fourth year of training, her substandard performance led the Department Chair to issue her a final warning notice on July 1, 2011. Dr. Varughese's level of professionalism continued to be unsatisfactory and she was summarily suspended pending termination from the program on September 21, 2011. Following Mount Sinai's grievance procedures, Dr. Varughese appealed the termination, but the decision was upheld.

The resident/fellow has demonstrated sufficient competence to enter practice without direct supervision.

YES ☐ NO ☒ N/A ☐

VERIFICATION AND SUMMATIVE EVALUATION COMPLETED BY:


 Program Director SIGNATURE

Adolfo Firpo-Betancourt, M.D., M.P.
 Program Director NAME (Printed)

03/08/2012
 DATE

(212) 241-6048
 Program Director PHONE

adolfo.firpo@mssm.edu
 Program Director EMAIL

Exhibit 22



MOUNT SINAI
SCHOOL OF
MEDICINE

Office of the General Counsel
The Mount Sinai Medical Center
One Gustave L. Levy Place
Box 1099
New York, NY 10029-6574
Tel: (212) 659-8105
Fax: (212) 348-2230

March 15, 2012

BY CERTIFIED MAIL

Leena Varughese, M.D.
269 Henry Street, A3
Brooklyn, NY 11201

Russell S. Moriarty, Esq.
Levine & Blit, PLLC
Empire State Building
350 Fifth Avenue, 36th Floor
New York, New York 10118

Re: Summative Evaluation

Dear Dr. Varughese and Mr. Moriarty:

As requested, please find attached the summative evaluation of Dr. Varughese's performance during her period of residency at Mount Sinai.

Best regards,

Amelie P. Trahan
Assistant General Counsel

PLF
EXHIBIT NO
FOR ID

DEFT
TRN

56
6/13/13

Exhibit 23

SHARON W. WEISS, M.D.
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IMMEDIATE PAST PRESIDENT



The American Board of Pathology

Please address all communications to:
Office of The American Board of Pathology

REBECCA L. JOHNSON, M.D.
CHIEF EXECUTIVE OFFICER

Mailing address:

P.O. Box 25915
Tampa, Florida 33622-5915
Tel: 813/286-2444
FAX: 813/289-5279
www.abpath.org

Express address:

One Urban Centre, Suite 690
4830 West Kennedy Boulevard
Tampa, Florida 33609-2571

EDWARD L. ASHWOOD, M.D.
SALT LAKE CITY, UTAH

JOHN V. COLLIN, M.D.
MOUNTAINVIEW, CALIFORNIA

DIANE D. DAVEY, M.D.
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KAREN L. KAUL, M.D., Ph.D.
EVANSTON, ILLINOIS

STEVEN H. SWERDLOW, M.D.
PITTSBURGH, PENNSYLVANIA

March 21, 2014

Dr. Leena Varughese
531 Olive Terrace
Union, NJ 07083

Dear Dr. Varughese,

Your application for the Spring 2014 Anatomic Pathology examination is incomplete and the deadline for submission has passed. Please find enclosed a refund check in the amount of \$1,800.00.

Sincerely,

Mary Pyfrom
Coordinator of Primary Applications

P004537

RE: Applications for the 2014 Exam Period

Mary Pyfrom

Sent: Thursday, January 16, 2014 10:38 AM
To: Leena Varughese [leena_varughese@hotmail.com]
Importance: High

Good morning Dr. Varughese:

As previously stated in the email dated October 21, 2013 you must submit a completed autopsy list as stated in the Booklet of Information and the instructions on the application. The completed autopsy list that you must provide must include age, sex, date performed and primary diagnosis. You must complete the autopsy form found on the ABP web site and upload in your application. This must be submitted by you no later than Feb. 15, 2014. If the above information is not received by the stated deadline your application will be considered as incomplete for the Spring 2014 examination.

Thank you,

Mary Pyfrom

Coordinator of Primary Applications
American Board of Pathology
813/286-2444 x233

This message is intended only for the recipient named above. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

From: Leena Varughese [leena_varughese@hotmail.com]
Sent: Wednesday, January 15, 2014 9:22 PM
To: Mary Pyfrom
Subject: Re: Applications for the 2014 Exam Period

Hi Ms. Pyfrom,

The hospital recently submitted a list after much delay that did not represent the accurate tally of my work. My attorney has submitted another request to honor my work and credit me for my work as Scott Barnett, M.D. the ACGME DIO had stated should be credited to me. I have been earnest in attempting to obtain this information and the court has determined that my work and performance are actually not in question. Nonetheless, as a minority woman physician who has been maligned by several caucasian residents and supervisors, they are now further retaliating against me. I also cannot audit the cases since I no longer work there and will not be granted access even to review my information and work but you may request the information for verification purposes based on the list that I submitted to ABP with my application, the list is true and accurate to the best of my knowledge.

Sincerely,

Leena Varughese, M.D.

On Jan 8, 2014, at 11:01 AM, "Mary Pyfrom" <mary@abpath.org> wrote:

P004538

⑈030259⑈ ⑆063100277⑆ 001100486037⑈

AMERICAN BOARD OF PATHOLOGY

P.O. BOX 25915
TAMPA, FL 33622
(813) 286-2444

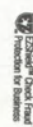
Memo: Refund AP

One Thousand Eight Hundred and 00/100 Dollars

PAY
TO THE
ORDER
OF
Dr. Leena Varughese
531 Olive Terrace
Union, NJ 07083

Bank of America.

ACH R/T 063100277
63-27-631



DATE

Mar 26, 2014

AMOUNT

\$1,800.00



VOID AFTER 90 DAYS

Robert J. Johnson
AUTHORIZED SIGNATURE
CHIEF EXECUTIVE OFFICER

Security features. Details on back.

30259

2014 Primary Exam Application

Applicant Name: Last Name: Varughese First Name: Leena Middle Name:
SSN: ###-##-0196
Gender: F
Birth Date: 01/26/1981

Contact Info: E-mail: leenav@gmail.com
Address:
531 Olive Terrace
Union, NJ 07083
USA
Work Phone:
Home Phone: 908-265-7536
Cell Phone:
Fax:
International Phone:

Application Statement: I hereby make application to The American Board of Pathology, Inc. (hereinafter, the "ABP") for the issuance to me of a certificate of qualification as a specialist in:

(Selected Certification): AP

on the basis of successfully meeting all of the requirements relative thereto, all in accordance with and subject to the bylaws, rules, regulations, and registration fees of the ABP in force at this time.

I understand that I am entering into a binding, legal contract with the ABP and that to complete my application, I must affirmatively indicate my agreement to comply with the following terms. By clicking I Agree I acknowledge that I have read, understand and agree to be bound by the contract terms. I understand that if I do not agree to these terms, I will not be allowed to register.

I understand and agree that as an applicant:

I have the responsibility for supplying to the ABP information adequate for a proper evaluation of my credentials.

I have the responsibility to update any information required in connection with my application, including providing the ABP complete information relating to any restrictions on, or the suspension or revocation of, my medical license(s) within 60 days of any such restriction, suspension, or revocation.

I may be disqualified from sitting for an examination or from issuance of a certificate in the event that any of the statements hereinafter made on this application, or hereafter supplied by me to the ABP, are false or if I have failed to provide material information or in the event that any of the rules governing such examination are violated by me.

I request and authorize the evaluation and validation of my credentials in accordance with, and subject to, the rules and regulations of the ABP.

ABP may release the results of my examination(s) to the director of my pathology residency training program.

ABP may provide information to appropriate parties concerning my status as Board certified or not certified, dates and bases for action(s) related to my certification, and/or other appropriate information; all disclosures will be in compliance with the law.

All decisions as to my credentials and qualification for admission to the examination and for certification rest solely and exclusively in the ABP, that its decision is final, and my exclusive appeal from any adverse decision is pursuant to the ABP's rules and procedures.

I hereby release, discharge, covenant not to sue, and hold harmless the ABP, its trustees, officers, members, examiners, representatives, agents, and any person who supplies information regarding my credentials from any actions, suits, claims, demands, or damages arising out of, or in connection with any action taken by any of them regarding this application, the gathering, collecting, and use of information about my practice or education, the results given with respect to any examination, the failure of the ABP to certify me, or the revocation of any certificate

Selected Response = (I Agree)

I understand and agree that in order to maintain a fair and secure testing process that:

The examination and all test questions are the exclusive property of the ABP and are protected by copyright law. Because of the confidential and proprietary nature of these copyrighted materials, I agree not to retain, copy, disclose, discuss, share, reveal, distribute, or use for exam preparation any part of these examination materials, including memorized, reconstructed and recalled items.

The following actions may be sufficient cause for ABP, in its sole discretion, to terminate my participation in an examination, to invalidate the results of my examination, to withhold or revoke my scores or certificate, to bar me from future examination, or to take other appropriate action.

The giving or receiving of aid in an examination, as evidenced either by observation or by statistical analysis of incorrect answers of one or more participants in the examination, including, but not limited to:

Referring to books, notes, or other devices at any time after the start of the examination, including breaks. This prohibited material includes written information or information transferred by electronic, acoustical, or other means.

Any transfer of information or signals between candidates during the administration of the examination, including breaks.

Any appearance of looking at the computer screen of another candidate during the examination.

Allowing another candidate to view one's answers or otherwise assisting another candidate in the examination.

Recording, replicating, recalling, or discussing examination questions, and taking any information on examination questions, such as notes or diagrams outside the examination room.

The unauthorized possession, reproduction, disclosure, discussion, or distribution of any examination materials, including, but not limited to, examination questions, answers, reconstructed and recalled items at any time before, during, or after the examination.

The offering of any benefit to any agent of the ABP in return for any right, privilege, or benefit which is not usually granted by the ABP to other similarly situated candidates or persons.

The ABP may require me to retake one or more portions of an examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of my personal involvement in such compromise.

Selected Response: (I Agree)

I understand and agree that:

If I meet all of the qualifications for certification, my certificate will be valid for 10 years contingent upon my timely satisfaction of all requirements of the American Board of Pathology Maintenance of Certification program.

Selected Response = (I Agree)

(YES) - I agree to be legally bound by the foregoing

Medical Licensure: Medical License Applied for: FALSE

State/Province: NY
 License Number: 257006
 Expiration Date: 12/31/2015

Uploaded Filename: NY State license_129824598085550000.pdf

Medical License
 Documentation:

USMLE Step 3 Filename:
 Medical Licensing Board Letter or Email Filename:

Premedical
 School/University
 Education:

None: FALSE
 Premedical School/University: Rutgers University
 Attended From: 1998 To: 2002
 Year Degree Received: 2002
 Degree: BA

Premedical School/University:
 Attended From: To:
 Year Degree Received:
 Degree:

Medical
 School/University
 Education:

Medical School/University: New Jersey, University of Medicine & Dentistry of/New Jersey Medi
 Other Medical School/University:
 Attended From: 2004 To: 2008
 Year Degree Received: 2008
 Degree: MD

Advanced Degree:

Medical School
 (College) Diploma:

An applicant must have graduated from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education, graduated from an osteopathic college of medicine accredited by the Bureau of Professional Education of the American Osteopathic Association, or graduated from a medical school outside the United States or Canada acceptable to the ABP. All applicants must upload a copy of the medical school diploma, (along with an English translation if issued outside the United States in a language other than English), showing the medical degree and the date that it was awarded. A certificate showing that the applicant has passed a final examination is not acceptable. For graduates of United States or Canadian medical schools, this requirement may be met by a letter from the Dean's Office of your medical school certifying that you graduated from medical school.

Uploaded Filename: Medical school diploma_130252815717478750.pdf

Graduate Medical
 Education in Pathology:

List only graduate medical education in pathology training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) in the United States or approved by the Royal College of Physicians and Surgeons of Canada. Do not list more than the 48 months required pathology training for certification in APCP or more than the 36 months for single certification in AP or in CP. Each program listed will, at the time of the ACGME survey, receive a compilation of ABP examination performance:

Integrated Program: FALSE

Year 1: Program: Mount Sinai School of Medicine Program 300-35-21-251 Pathology

Program Director: James Strauchen
Type of Service: AP/CP
Dates: (06/23/2008) Thru (06/30/2009)
No. Months Full Time: 12

Year 2: Program: Mount Sinai School of Medicine Program 300-35-21-251 Pathology
Program Director: James Strauchen
Type of Service: AP/CP
Dates: (07/01/2009) Thru (06/30/2010)
No. Months Full Time: 12

Year 3: Program: Mount Sinai School of Medicine Program 300-35-21-251 Pathology
Program Director: Patrick Lento
Type of Service: AP/CP
Dates: (07/01/2010) Thru (06/30/2011)
No. Months Full Time: 12

Year 4: Program:
Program Director:
Type of Service:
Dates: () Thru ()
No. Months Full Time:

Year 5: Program:
Program Director:
Type of Service:
Dates: () Thru ()
No. Months Full Time:

Total: No. Months Full Time: 36

Vacation Leave: Did you take more than 4 weeks vacation/leave in any one academic year?
Response: NO
If yes, how was this time made up?
Verified by Program Director: FALSE

Details of Approved Graduate Medical Education: Details of Approved Graduate Medical Education in Accredited Training Program(s) in Pathology in the U.S. or Canada.
List the number of full-time months spent in the various categories of pathology on these unique rotations. (1 month = 4 week rotation; 1 year = twelve 4 week rotations + 4 weeks vacation/other leave:

Anatomic Pathology:	No. of Months:
Autopsy Pathology:	6
Surgical Pathology:	16
Cytopathology:	2.5
Pediatric Pathology:	1
Forensic Pathology:	0.5
Neuropathology:	0.5
Informatics:	
Laboratory Management:	0.5
Molecular Pathology:	0.5
Research:	
Other:	2.5
Other (specify): Dermatopathology, Hematopathology	
Subtotal:	30

Clinical Pathology:	No. of Months:
Chemical Pathology:	1.5
Hematology:	
Blood Banking/Transfusion Medicine:	1
Microbiology:	3
Medical Microscopy:	
Informatics:	
Laboratory Management:	
Molecular Pathology:	0.5
Research:	
Other:	
Other (specify):	
Subtotal:	6

Total Months: 36

Comments:

Pathology Training Pathway: List additional pathology training in the United States or Canada necessary to meet the credentialing requirement. Ask the program director to submit a letter of documentation to verify the dates of service, successful completion, and accreditation status of program. Do not include in Graduate Medical Education in Pathology.

Program:

Program Director:

Discipline/Type of Service:

Dates: (/) Thru (/)

No. Months Full Time:

Clinical Training
Pathway in the U.S. or
Canada:

List approved training (including transitional year) successfully completed to satisfy the credentialing requirement. Ask the program director to submit a letter of documentation to verify the dates of service, successful completion, and accreditation status of program.

Program:

Program Director:

Discipline/Type of Service:

Dates: (/) Thru (/)

No. Months Full Time:

Clinical Training
Pathway in a country
other than the U.S. or
Canada:

Verification of successful completion and accreditation status of program must be submitted.

Program:

Program Director:

Discipline/Type of Service:

Dates: (/) Thru (/)

No. Months Full Time:

Research Pathway:

List only research which has clearly defined clinical implications and was performed in the United States or Canada. Submit letter of documentation from supervisor of research and a letter of support from program director.

Program:

Program Director:

Dates: (/) Thru (/)

No. Months Full Time:

Total number of autopsies performed by you:

The ABP requires that procedures counted toward autopsy requirements must have an autopsy permit (not an anatomic disposal). Residents should report only those autopsies in which they have an active role (as appropriate to the case) in each of the following: review of history and circumstances of death; external examination of the body; gross dissection; review of microscopic and lab findings; preparation of written description of gross and microscopic findings; development of opinion on cause of death; review of autopsy report with teaching staff.

Total Number of Autopsies: 65

List on separate page(s) all of the necropsies that you have performed, giving only age, sex, primary diagnosis, and date performed. Do not send complete autopsy reports. Please number each item in the list, the minimum number of autopsies expected is 50.

Uploaded Filename: Mount Sinai Hospital autopsies completed autopsy_130252804294822500.pdf

Of the total number of autopsies, indicate the number of:

Shared autopsies: 10
Limited autopsies: 2
Forensic autopsies: 3
Fetal autopsies: 12

4 year total:

Number of surgical specimens examined by you: 20000
Number of cytopathologic specimens examined by you: 750
Number of bone marrows performed by you:
Number of FNAs performed by you: 10
Clinical pathology consultations participated in by you: 150

A clinical consultation is defined by the ABP as any interaction (formal or informal) between you and another health care professional regarding handling of specimens and/or interpretation of data. These consultations may be oral or written and do not have to be billable. Do not include written anatomic pathology reports.

Intervening Years:

Please explain any gaps in time between graduation from medical or osteopathic school and the beginning of pathology training or gaps in pathology training:

None: TRUE

Explanation:

Adverse Actions:

Were you disciplined during your training?

Response: YES

Explanation: Being adjudicated in court.

Do you have a history of use of chemical substances?

Response: NO

Explanation:

Have you ever been censured by a hospital, state, or medical society?

Response: YES

Explanation: See above.

Have you ever had your membership in a state or other medical society revoked, restricted, or denied?

Response: NO

Explanation:

Have you ever had your license to practice medicine restricted or revoked either through governmental action or voluntary surrender?

Response: NO

Explanation:

Have you ever had your hospital medical staff membership or privileges revoked, restricted, or denied other than for Record Room deficiencies?

Response: NO

Explanation:

Have you ever been convicted of a felony?

Response: NO

Explanation:

Director Comments: As the applicant's program director, I certify that the information given is true and represents the required training necessary to qualify to take the examination for certification in pathology.
(Not Approved)Dr. Adolfo Firpo-Betancourt

Exam Request: The examination I wish to take is:
Anatomic pathology only (AP)

Certification Type: I am applying for certification in:
Anatomic pathology only (AP)

Name To Be Inscribed On Certificate: If successful in the above examination, I would like to have my name inscribed on my certificate as follows: Leena Varughese, M.D.

Title Preference: It is the policy of The American Board of Pathology to use only the titles "M.D.," meaning Medical Doctor, or "D.O.," Doctor of Osteopathy, after the diplomate's name on the certificate. The title "M.D." is for use by diplomates who hold a recognized medical degree and "D.O." for diplomates who hold an osteopathic degree. A diplomate may elect to have no title after his/her name. Please indicate your title preference with your name in the field above.

Legal Name Change Verification: If name to be used on the certificate is different from the name on your application, you must send verification of legal name change. If verification of legal name change is not received, your name will be inscribed on your certificate as it is currently listed in our records. If your name has been legally changed and you wish your name to appear in our records as it has been changed, please indicate below:
(Option not selected) - I wish my name to appear in your records as it has been legally changed.

ABMS Listing:

The American Board of Pathology (ABP) provides the American Board of Medical Specialties (ABMS) with a list of diplomates including their full name, last four digits of the social security number (for internal use only), birth date, year of awarding of professional degree, current contact information, type of certification and date awarded for inclusion in the ABMS Unified Database. Publication of the Database for use by the public is mandated by the Bylaws of the ABMS and agreed to by each of the Member Boards of the ABMS. The ABMS publishes this information online at www.abms.org for the public in The Official Directory of Board Certified Medical Specialists, recognized as the official source of certification information, and to various approved organizations for verification of certification status.

This information is also sent to the ABP's cooperating societies (ACLPS, ADASP, APC, ASCP, ASIP, CAP, and USCAP), and upon request to any recognized pathology society.

It is recommended that you agree to allow the ABMS to provide a complete listing online at www.abms.org, in the Directory, and to various approved organizations of the ABMS to publish and/or reference for credentialing purposes.

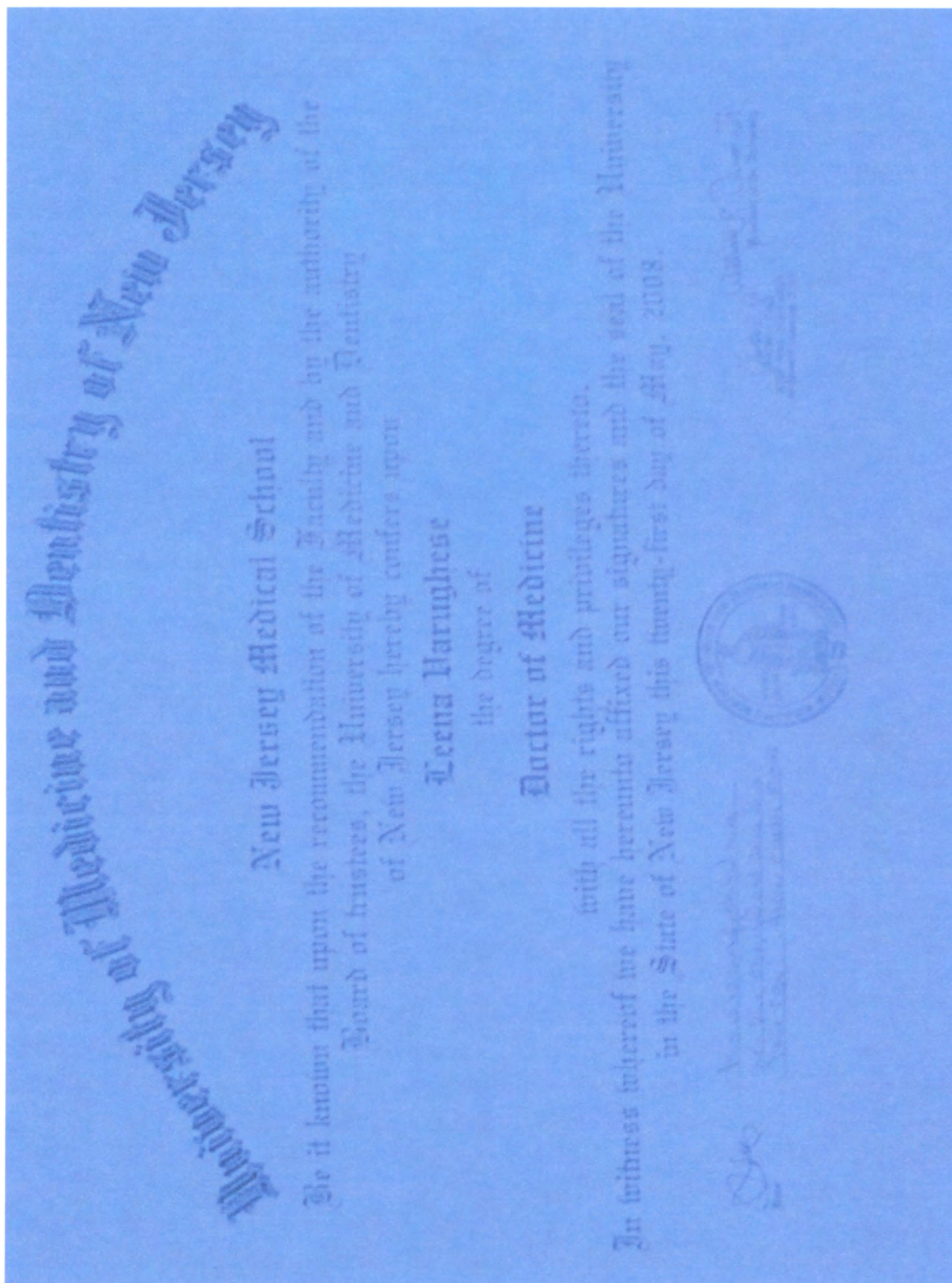
You may restrict dissemination of your contact information; however, it remains critical for the ABMS to receive complete and accurate information about you from the ABP. Check one:

Listing Preference:

I do not allow the ABMS to publish any part of my contact information.

	Mount Sinai Medical Center	Elmhurst hospital	Veterans Admin hospital	Allowed shared cases	Fetopsies elective termination
1	MA08-102	10 cases	2 cases	10 autopsies	MS09-61586
2	MA08-106				MS09-62239
3	MA08-155				MS09-62349
4	MA08-155				MS09-62426
5	MA08-163				MS09-75319
6	MA08-166				MS09-75920
7	MA08-94				PS09-27055
8	MA08-97				
9	MA09-167				
10	MA09-173				
11	MA09-175				
12	MA09-176				
13	MA09-179				
14	MA09-181				
15	MA09-182				
16	MA09-73				
17	MA10-101				
18	MA10-103				
19	MA10-104				
20	MA10-106				
21	MA10-109				
22	MA10-146				
23	MA10-147				
24	MA10-148				
25	MA10-151				
26	MA10-33				
27	MA10-38				
28	MA10-40				
29	MA11-03				
30	MA11-1				
31	MS08-65811				
32	MS09-60868				
33	MS09-61613				
34	MS09-61919				
35	MS09-62056				
36	MS09-75904				
37	MS09-80637				
38	MS10-74382				
39	MS10-74434				
40	MS10-75192				
41	MS10-75604				
42	MS10-75699				
43	PS09-8946				

Total cases = 65 cases



THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT



BE IT KNOWN THAT

LEENA VARUGHESE

HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF PROFESSIONAL
AND OTHER REQUIREMENTS PRESCRIBED BY LAW IS QUALIFIED TO PRACTICE

MEDICINE AND SURGERY

IN THE STATE OF NEW YORK

IN WITNESS WHEREOF THE EDUCATION DEPARTMENT GRANTS THIS LICENSE
UNDER ITS SEAL AT ALBANY, NEW YORK
THIS FIFTH DAY OF MAY, 2010.

A handwritten signature in black ink, appearing to be "J. H. K.", written over the printed name of the President of the University of the State of New York, Education Department.

PRESIDENT OF THE UNIVERSITY
AND COMMISSIONER OF EDUCATION
LICENSE NUMBER
257006



A handwritten signature in black ink, appearing to be "John H. K.", written over the printed name of the Associate Commissioner of the Office of the Professions.

ASSOCIATE COMMISSIONER
OFFICE OF THE PROFESSIONS
EXECUTIVE SECRETARY
STATE BOARD FOR
MEDICINE

7088804

Exhibit 24

II. Program Personnel and Resources

A. Program Director

Common Program Requirement:

1. *There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMEC must approve a change in program director. After approval, the program director must submit this change to the ACGME via the ADS.*
[As further specified by the Review Committee]
2. *The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.*
3. *Qualifications of the program director must include:*
 - a) *requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;*
 - b) *current certification in the specialty by the American Board of _____, or specialty qualifications that are judged to be acceptable by the Review Committee; and,*
 - c) *current medical licensure and appropriate medical staff appointment.*
[As further specified by the Review Committee]
4. *The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must:*
 - a) *oversee and ensure the quality of didactic and clinical education in all institutions that participate in the program;*
 - b) *approve a local director at each participating institution who is accountable for resident education;*
 - c) *approve the selection of program faculty as appropriate;*
 - d) *evaluate program faculty and approve the continued participation of program faculty based on evaluation;*
 - e) *monitor resident supervision at all participating institutions;*
 - f) *prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete;*
 - g) *provide each resident with documented semiannual evaluation of performance with feedback;*
 - h) *ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;*
 - i) *provide verification of residency education for all residents, including those who leave the program prior to completion;*
 - j) *implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, and, to that end, must:*
 - (1) *distribute these policies and procedures to the residents and faculty;*
 - (2) *monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements*

II. Program Personnel and Resources

A. Program Director

- (3) *adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,*
- (4) *if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.*
- k) *monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;*
- l) *comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents.*
- m) *be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;*
- n) *obtain review and approval of the sponsoring institution's GMCE/DIO before submitting to the ACGME information or requests for the following:*
 - (1) *all applications for ACGME accreditation of new programs;*
 - (2) *changes in resident complement;*
 - (3) *major changes in program structure or length of training;*
 - (4) *progress reports requested by the Review Committee;*
 - (5) *responses to all proposed adverse actions;*
 - (6) *requests for increases or any change to resident duty hours;*
 - (7) *voluntary withdrawals of ACGME-accredited programs;*
 - (8) *requests for appeal of an adverse action;*
 - (9) *appeal presentations to a Board of Appeal or the ACGME; and,*
 - (10) *proposals to ACGME for approval of innovative educational approaches.*
- o) *obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:*
 - (1) *program citations; and,*
 - (2) *request for changes in the program that would have significant impact, including financial, on the program or institution.*

[As further specified by the Review Committee]

II. Program Personnel and Resources**A. Program Director**

- **Documentation for program director qualifications:** This information will be documented through information provided in the PIF (entered through the Accreditation Data System – ADS). (See PIF questions below.) Verification that the program director has a current medical license and medical specialty certification occurs through the institutional credentialing process. Site visitors verify that the program director has an appropriate medical staff appointment.
- **Documentation for program director responsibilities:** Site visitors may spot check information that program directors must provide to residents and faculty and use interviews to verify that the program director organizes and oversees the educational activities in all sites and assures implementation of fair policies, grievance and due process procedures. Note the list of 10 items of information that need review and approval by the GMEC/DIO before submitting to the ACGME. (See CPR II.A.4.n.(1)-(10) above.) In addition, any document addressing program citations or program changes that would have significant impact (e.g., change in program director) must have DIO approval by signature.

The ADS (PIF) table related to these requirements is shown below.

Program Director Information

Name:					
Title:					
Address:					
City, State, Zip code:					
Telephone:		FAX:		Email:	
Date First Appointed as Program Director:					
Will Your Principal Activity Be Devoted to Resident Education?		() YES		() NO	
Term of Program Director Appointment:					
Date first appointed as faculty member in the program:					
Percentage of time the program director devotes to the program in the following activities:					
Clinical Supervision:		Administration:		Research:	
				Didactics/ Teaching:	
Primary Specialty Board Certification:		Most Recent Year:			
Secondary Specialty Board Certification:		Most Recent Year:			
Number of years spent teaching in GME in this specialty:					

II. Program Personnel and Resources
A. Program Director

ADS (PIF) Questions:

Does the program director approve the selection of program faculty as appropriate?

Yes ____ No ____

Does the program director evaluate the faculty and approve the continued participation of program faculty based on evaluation?

Yes ____ No ____

Does the program director comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents?

Yes ____ No ____

Is the program director familiar with and does he/she comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures?

Yes ____ No ____

II. Program Personnel and Resources

A. Program Director

Common Program Requirement:

1. *There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMEC must approve a change in program director. After approval, the program director must submit this change to the ACGME via the ADS.
[As further specified by the Review Committee]*
2. *The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.*
3. *Qualifications of the program director must include:*
 - a) *requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;*
 - b) *current certification in the specialty by the American Board of _____, or specialty qualifications that are judged to be acceptable by the Review Committee; and,*
 - c) *current medical licensure and appropriate medical staff appointment.
[As further specified by the Review Committee]*
4. *The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must:*
 - a) *oversee and ensure the quality of didactic and clinical education in all institutions that participate in the program;*
 - b) *approve a local director at each participating institution who is accountable for resident education;*
 - c) *approve the selection of program faculty as appropriate;*
 - d) *evaluate program faculty and approve the continued participation of program faculty based on evaluation;*
 - e) *monitor resident supervision at all participating institutions;*
 - f) *prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete;*
 - g) *provide each resident with documented semiannual evaluation of performance with feedback;*
 - h) *ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;*
 - i) *~~provide verification of residency education for all residents, including those who leave the program prior to completion;~~*
 - j) *implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, and, to that end, must:*
 - (1) *distribute these policies and procedures to the residents and faculty;*
 - (2) *monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements*

II. Program Personnel and Resources

A. Program Director

- (3) *adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,*
- (4) *if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.*
- k) *monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;*
- l) *comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents.*
- m) *be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;*
- n) *obtain review and approval of the sponsoring institution's GMCE/DIO before submitting to the ACGME information or requests for the following:*
 - (1) *all applications for ACGME accreditation of new programs;*
 - (2) *changes in resident complement;*
 - (3) *major changes in program structure or length of training;*
 - (4) *progress reports requested by the Review Committee;*
 - (5) *responses to all proposed adverse actions;*
 - (6) *requests for increases or any change to resident duty hours;*
 - (7) *voluntary withdrawals of ACGME-accredited programs;*
 - (8) *requests for appeal of an adverse action;*
 - (9) *appeal presentations to a Board of Appeal or the ACGME; and,*
 - (10) *proposals to ACGME for approval of innovative educational approaches.*
- o) *obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:*
 - (1) *program citations; and,*
 - (2) *request for changes in the program that would have significant impact, including financial, on the program or institution.*

[As further specified by the Review Committee]

Explanation:

The sponsoring institution's GMCE must approve a change in the program director, and then the program director must submit the change in the Accreditation Data System (ADS). Some specialties require RC approval before such changes are final. See specialty-specific program requirements.

II. Program Personnel and Resources

A. Program Director

The requirements call for continuity of program director leadership. The average length in years between program director appointment dates in the core specialties is 7.06 years (range 4.62 – 11.36).¹ Programs that have a history of frequent changes may trigger additional inquiry into the cause(s) in order to determine if the learning environment has been adversely affected. A single person (program director) must have authority for the operation of the program. **Qualifications** for program directors include: specialty expertise, educational and administrative experience, current medical licensure, appropriate medical staff appointment, and current certification in the specialty by ABMS. Some Review Committees will consider alternative specialty qualifications but approval should be obtained in advance of appointing such a program director.

The CPR contain a list of **Program Director responsibilities** (II.A.4.). This extensive list is intended not only to communicate the specific responsibilities of the position so that the individual will be effective as a program director, but also to communicate to the sponsoring institution (e.g., DIO, GMEC, department chair) the role and responsibilities of this position and why the program director needs sufficient protected time and financial support (CPR I.A) to fulfill these responsibilities. By assuring that each of the listed duties occurs on a regular basis, the program director will facilitate an enhanced learning environment. For example, the program director "must approve the selection of program faculty as appropriate." Typically, the department chair will make such assignments, but program directors must have input into these decisions so that faculty with both clinical and teaching expertise are given responsibilities in the program.

The program director is responsible for implementing and ensuring compliance with policies and procedures for grievance and due process, duty hours, selection, evaluation and promotion of residents, disciplinary action and supervision of residents. See IR II.A-D. for minimum institutional requirements. Institutions and/or programs may have more extensive policies and procedures. These policies and procedures should be given to all residents and faculty in print format or made available on a residency program website to assure they are knowledgeable about these important issues.

A program handbook is not required but it is a convenient approach to collecting and updating all the information that must be made available to residents and faculty (policies and procedures, schedules, educational program goals, goals and objectives for each major assignment, and information on all required sites). Such a handbook could be either paper or electronic (located on a website, CD or other digital medium).

In addition, program directors should be familiar with and comply with policies and procedures as outlined in the ACGME Manual of Policies and Procedures, available on the ACGME website. (See Section II, Accreditation Policies and Procedures.) When preparing for a site visit, program directors are cautioned to prepare the PIF document carefully to avoid inaccuracies, discrepancies and/or inconsistencies.

¹ Average Length in Years Between Program Director Appointment Dates (based on turnover since 2001), Department of Operations and Data Analysis, ACGME, 1/23/2007. This and a number of other reports can be accessed at the ACGME website under "[Search Programs/Sponsors](#)."

II. Program Personnel and Resources

D. Resources

E. Medical Information Access

Common Program Requirement:

D. Resources

The institution and the program must jointly ensure the availability of adequate resources for resident education, as defined in the specialty program requirements. [As further specified by the Review Committee]

E. Medical Information Access

Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.

Explanation:

The **resources** listed below represent general requirements contained in the Institutional Requirements (IR II.F.) that must be available for all programs.

- Laboratory facilities
- Imaging facilities/diagnostic radiology
- Chart, dictation and record keeping
- Access to computers
- IV support
- Phlebotomy support
- Patient transport
- Transport for specimens, radiographs, etc.
- Nursing support
- Clerical support for patient care

Institutions are responsible for providing ready access to reference material in print or electronic format (IR I.B.7.). Program sites that have online reference materials are expected to provide access to residents. Typically, this means that residents have access to computers with internet access in rooms that are conveniently located and easily accessible but secure. If online access is not possible, then access to a collection of specialty-specific print materials is required.

There may be additional specialty-specific requirements that could address resources such as space/equipment/support services for the educational activities of the program, resources for specific clinical activities, or adequate defined patient population(s) for specific clinical activities. Program directors should consult their specialty specific requirements.

IV. Educational Program

A. Curriculum components

5. ACGME Competencies

a. Patient Care

Common Program Requirement:

5. *ACGME Competencies*

The program must integrate the following ACGME competencies into the curriculum:

a. *Patient Care*

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents:

[As further specified by the Review Committee]

- **Documentation for patient care:** Provision of learning experiences can be documented through rotation schedules, written goals and objectives, and resident files, which should be available for site visitor review. Completed procedure/case logs, if applicable, should also be available for site visitor review. There are also specialty-specific forms of required documentation indicated in many specialty PIFs. This information may be verified by the site visitor through interviews as needed.

IV. Educational Program

A. Curriculum components

5. ACGME Competencies

a. Patient Care

Common Program Requirement:

5. *ACGME Competencies*

The program must integrate the following ACGME competencies into the curriculum:

a. *Patient Care*

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents:

[As further specified by the Review Committee]

Explanation:

While each specialty has specific requirements for patient care, some principles are common. Early in their education, residents should demonstrate patient care skills relevant to that specialty for patients with common diagnoses and for uncomplicated procedures. As residents progress in educational level, they should be able to demonstrate patient care skills with non-routine, complicated patients and under increasingly difficult circumstances, while demonstrating compassionate, appropriate and effective care. Likewise, they should demonstrate proficiency in performing increasingly complex procedures and handling unexpected complications, while demonstrating compassion and sensitivity to patient needs and concerns.

The types of patient care experiences residents/fellows must have are included in the specialty-specific program requirements. Requirements may indicate numerical requirements, settings in which experiences should occur, and indications for graduated responsibility. Evaluation methods for technical proficiency in patient care are essential and may include direct observation. Methods that assess patient care skills from the patient perspective are also needed to provide information on intangible elements of care such as compassion and sensitivity (components of professionalism). Methods such as patient surveys and multi-source evaluations can provide such insight. (See CPR V. Evaluation.)

Consult the specialty-specific program requirements for more information on patient care requirements, including curricular components and evaluation methods.

IV. Educational Program

A. Curriculum components

5. ACGME Competencies

d. Interpersonal and Communication Skills

Common Program Requirement:

5. *ACGME Competencies*

The program must integrate the following ACGME competencies into the curriculum:

a) *Interpersonal and Communication Skills*

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- (1) *communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;*
- (2) *communicate effectively with physicians, other health professionals, and health related agencies;*
- (3) *work effectively as a member or leader of a health care team or other professional group;*
- (4) *act in a consultative role to other physicians and health professionals; and,*
- (5) *maintain comprehensive, timely, and legible medical records, if applicable.*

[As further specified by the Review Committee]

Explanation:

This competency domain consists of two distinct skill sets, **communication skills** (used to perform specific tasks such as obtain a history, obtain informed consent, telephone triage, present a case, write a consultation note, inform patients of a diagnosis and therapeutic plan) and **interpersonal skills** (inherently relation and process oriented, such as relieving anxiety, establishing trusting relationships). The outcome "communicate effectively with patients, families, and the public..." requires good verbal, non-verbal and written communication skills, but also requires good relationship-building skills. A structured curriculum may include both didactics and experiential components for addressing verbal, non-verbal, and written communication skills as well as modes of interactions that contribute to relationship building across a broad range of socioeconomic and cultural backgrounds. Interactive teaching methods may include role playing, review of videotapes, and small group discussion of vignettes. **Teamwork** training is also needed. "On-the-job" training without structured teaching is not sufficient for this skill. Simulation is increasingly used as an effective method for teamwork training. (See several articles in the ACGME Bulletin December, 2005.) A final but very important area in this competency domain relates to completing and maintaining comprehensive, timely and legible **medical records**. Programs must have a mechanism in place for monitoring and evaluating this skill as well as providing timely formative feedback.

There may be specialty-specific requirements for Interpersonal & Communication Skills.

IV. Educational Program

A. Curriculum components

5. ACGME Competencies

e. Professionalism

Common Program Requirement:

5. ACGME Competencies

The program must integrate the following ACGME competencies into the curriculum:

e. Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- (1) compassion, integrity, and respect for others;*
- (2) responsiveness to patient needs that supersedes self-interest;*
- (3) respect for patient privacy and autonomy;*
- (4) accountability to patients, society and the profession; and,*
- (5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.*

[As further specified by the Review Committee]

Explanation:

Proficiency in this competency domain is primarily behavioral and attitudinal and is demonstrated as part of all other competency domains. Therefore, teaching and evaluation is most effective when done in the context of patient care and related activities (e.g., conducting QI projects, leading a team, presenting M&M, reflections on practice, conversations with mentors). Evaluations are mainly perceptions, making it important that evaluators share a common belief about the components of professionalism and description of what those are. **The major components of professionalism are commitment, adherence, and sensitivity.**

- Commitment means respect, altruism, integrity, honesty, compassion, empathy, and dependability; accountability to patients and society; and professional commitment to excellence (demonstrated by engaging in activities that foster personal and professional growth as a physician).
- Adherence means accepting responsibility for continuity of care; and practicing patient-centered care that encompasses confidentiality, respect for privacy and autonomy through appropriate informed consent and shared decision-making as relevant to the specialty.
- Sensitivity means showing sensitivity to cultural, age, gender and disability issues of patients as well as of colleagues, including appropriate recognition and response to physician impairment.

Professionalism, including medical ethics, may be included as a theme throughout the program curriculum that includes both didactic and experiential components (e.g., may

IV. Educational Program

A. Curriculum components

5. ACGME Competencies

e. Professionalism

be integrated into already existing small group discussions of vignettes or case studies and role plays, computer-based modules) and may be modeled by the faculty in clinical practice and discussed with the resident as issues arise during their clinical practice.

Faculty development is critically important for **promoting professionalism behavior** because of past assumptions that since all physicians are professional, professionalism does not need to be discussed, taught or evaluated. Faculty development may include not only faculty but also residents as much as possible and include both structured workshops as well as ongoing discussion (e.g., inclusion as a discussion point in every M&M presentation). These discussions may address the impact of situational circumstances on the degree to which a professional manifests these attributes (e.g., post-call, times of personal stress, competing priorities). Such an approach will contribute to the development of a learning environment that explicitly values and encourages professionalism in all who teach, learn, and provide healthcare as part of the training program.

Remediation is important for all the competency domains, but may be especially critical in the domain of professionalism. It is challenging to teach and assess, and lapses may not be noticed until habits are formed that are then more difficult to address. There are many resources available to help. For example the LIFE Curriculum (Learning to Address Impairment and Fatigue to Enhance Patient Safety): <http://www.lifecurriculum.info/> contains modules on disruptive behavior, substance abuse, impairment, and boundary violations. This resource is available free of charge. The April, 2006 issue of the ACGME Bulletin contains several articles about remediation: http://www.acgme.org/acWebsite/bulletin/bulletin04_06.pdf.

There may be specialty-specific requirements for professionalism.

Exhibit 25

**ACGME Program Requirements for Graduate Medical Education
in Anatomic Pathology and Clinical Pathology**

*Common Program Requirements are in **BOLD***

Effective: July 1, 2007

Introduction

A. Definition

1. Graduate medical education programs in pathology are accredited in the following categories:
 - a) APCP-4 Four-year programs in anatomic pathology and clinical pathology.
 - b) AP-3 Three-year programs in anatomic pathology.
 - c) CP-3 Three-year programs in clinical pathology.
 - d) PCP-1 One-year programs in cytopathology.
 - e) BB-1 One-year programs in blood banking/transfusion medicine.
 - f) DP-1 One-year programs in dermatopathology.
 - g) FP-1 One-year programs in forensic pathology.
 - h) HMP-1 One-year programs in hematology.
 - i) MM-1 One-year programs in medical microbiology.
 - j) NP-2 Two-year programs in neuropathology.
 - k) PP-1 One-year programs in pediatric pathology.
 - l) PCH-1 One-year programs in chemical pathology.

- m) SP One-year programs in selective pathology. (Selective pathology programs are typically sponsored by institutions that provide unique educational resources in a specialized area of pathology.)

B. Duration and Scope of Training

1. Graduate medical education programs in anatomic pathology and/or clinical pathology must provide an organized educational experience for qualified physicians seeking to acquire the basic competence of a pathologist.
2. Programs must offer residents a broad education in anatomic pathology and/or clinical pathology, the opportunity to acquire techniques and methods of those disciplines, and experience with the consultative role of the pathologist in patient-care decision making.
3. APCP-4 programs are accredited to offer four years of education/training in anatomic pathology and clinical pathology, three years of training in anatomic pathology (AP-3), and three years of training in clinical pathology (CP-3).
4. APCP-4 programs must include 18 months of formal education in anatomic pathology and 18 months of formal education in clinical pathology. The AP-3 and CP-3 programs must include 24 months of anatomic pathology (AP-3) or clinical pathology (CP-3) education. The remaining 12 months of training for APCP-4, AP-3, and CP-3 programs may be a continuation of structured anatomic pathology or clinical pathology education, or may be devoted to a specialized facet of pathology. The education must occur under the direction of the program director or designated member of the teaching staff. The program director must clearly define, as part of the program description, the available educational opportunities for the remaining 12 months of pathology education. The program director must approve residents' participation in all such opportunities and monitor their progress.

I. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating sites.

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.

1. As the presence of other residency programs may facilitate peer interchange and augment the breadth of the educational experience, institutions providing graduate medical education in anatomic pathology and/or clinical pathology should also sponsor at least three additional accredited residency programs. Programs considered to be most complementary to pathology education are internal medicine, family medicine, obstetrics and gynecology, general surgery, pediatrics, and radiology. The Review Committee will consider requests for exceptions to this requirement on a case-by-case basis.

B. Participating Sites

1. **There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years.**

The PLA should:

- a) **identify the faculty who will assume both educational and supervisory responsibilities for residents;**
- b) **specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;**
- c) **specify the duration and content of the educational experience; and,**

- d) state the policies and procedures that will govern resident education during the assignment.**
- 2. The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS).**
- 3. Resident assignments away from the sponsoring institution should not prevent residents' regular participation in rounds or conferences, either at the sponsoring institution or in equivalent conferences at participating sites.**

II. Program Personnel and Resources

A. Program Director

- 1. There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMEC must approve a change in program director. After approval, the program director must submit this change to the ACGME via the ADS.**
- 2. The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.**
- 3. Qualifications of the program director must include:**
 - a) requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;**
 - b) current certification in the specialty by the American Board of Pathology, or specialty qualifications that are acceptable to the Review Committee; and,**
 - c) current medical licensure and appropriate medical staff appointment.**
 - d) at least five years of participation as an active faculty member in an accredited pathology residency program.**

- 4. The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must:**
- a) oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;**
 - b) approve a local director at each participating site who is accountable for resident education;**
 - c) approve the selection of program faculty as appropriate;**
 - d) evaluate program faculty and approve the continued participation of program faculty based on evaluation;**
 - e) monitor resident supervision at all participating sites;**
 - f) prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete;**
 - g) provide each resident with documented semiannual evaluation of performance with feedback;**
 - h) ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;**
 - i) provide verification of residency education for all residents, including those who leave the program prior to completion;**
 - j) implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, and, to that end, must:**
 - (1) distribute these policies and procedures to the residents and faculty;**
 - (2) monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME**

requirements;

- (3) adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,**
 - (4) if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.**
- k) monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;**
- l) comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents;**
- m) be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;**
- n) obtain review and approval of the sponsoring institution's GMEC/DIO before submitting to the ACGME information or requests for the following:**
 - (1) all applications for ACGME accreditation of new programs;**
 - (2) changes in resident complement;**
 - (3) major changes in program structure or length of training;**
 - (4) progress reports requested by the Review Committee;**
 - (5) responses to all proposed adverse actions;**
 - (6) requests for increases or any change to resident duty hours;**
 - (7) voluntary withdrawals of ACGME-accredited programs;**

- (8) requests for appeal of an adverse action;
 - (9) appeal presentations to a Board of Appeal or the ACGME; and,
 - (10) proposals to ACGME for approval of innovative educational approaches.
- o) obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:
 - (1) program citations, and/or
 - (2) request for changes in the program that would have significant impact, including financial, on the program or institution.
- p) ensure that there are regularly-scheduled seminars and conferences devoted to the basic and applied medical sciences, as well as clinical correlation conferences; and,
- q) ensure that there are departmental conferences, in which both faculty and residents participate, for detailed discussion of difficult and unusual cases.
 - (1) The program director and teaching staff should monitor and evaluate the residents' effectiveness as teachers.
 - (2) The program director should ensure that clinical correlation conferences (e.g., a pediatric mortality conference) be held with clinical services such as internal medicine, surgery, gynecology, radiology, pediatrics, and their subspecialties.

B. Faculty

1. **At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all residents at that location.**

The faculty must:

- a) **devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities;**

and to demonstrate a strong interest in the education of residents, and

- b) administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas.
2. The physician faculty must have current certification in the specialty by the American Board of Pathology, or possess qualifications acceptable to the Review Committee.
 3. The physician faculty must possess current medical licensure and appropriate medical staff appointment.
 4. The nonphysician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.
 5. The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.
 - a) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.
 - b) Some members of the faculty should also demonstrate scholarship by one or more of the following:
 - (1) peer-reviewed funding;
 - (2) publication of original research or review articles in peer-reviewed journals, or chapters in textbooks;
 - (3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or,
 - (4) participation in national committees or educational organizations.
 - c) Faculty should encourage and support residents in scholarly activities.

C. Other Program Personnel

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the

effective administration of the program.

1. The laboratories providing patient-care services must be accredited by the appropriate organizations. The laboratories must be directed by a qualified physician who is licensed to practice medicine and is a member of the medical staff.
2. The number and qualifications of medical technologists and other support personnel must be adequate for the volume of work in the laboratory and the educational activities of the institution.

D. Resources

The institution and the program must jointly ensure the availability of adequate resources for resident education, as defined in the specialty program requirements.

1. Residents must be provided office and laboratory space for both patient-care work and participation in scholarly activities.
2. The patient material of the department must be indexed in such a way as to permit appropriate retrieval.
3. The audiovisual resources available for educational purposes should be adequate to meet the goals and objectives of the program.
4. The program must have sufficient volume and variety of material available to ensure that residents have broad exposure to both common conditions and unusual entities. This material should be sufficient for anatomic pathology and/or clinical pathology, as matches the program's specialty concentration. From this experience, residents should develop the necessary professional and technical skills to perform the functions of an anatomic and/or clinical pathologist.
5. The number and variety of tests performed in the program's laboratories should be sufficient to give residents experience of those tests typically available in a general hospital. Residents' experience should be augmented through the use of seminars, course materials, and laboratory indexes of unusual cases.

E. Medical Information Access

Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.

III. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The program director may not appoint more residents than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. The program's educational resources must be adequate to support the number of residents appointed to the program.

1. Programs must have a sufficient number of residents to ensure that an intellectually-stimulating educational environment is maintained. There should be at least two residents enrolled in each year of a program. A lesser number is cause for concern by the Review Committee.

C. Resident Transfers

1. **Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.**
2. **A program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.**

D. Appointment of Fellows and Other Learners

The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed residents' education. The program director must report

the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines.

IV. Educational Program

A. The curriculum must contain the following educational components:

- 1. Overall educational goals for the program, which the program must distribute to residents and faculty annually;**
- 2. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty annually, in either written or electronic form. These should be reviewed by the resident at the start of each rotation;**
- 3. Regularly scheduled didactic sessions;**
- 4. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program; and,**
- 5. ACGME Competencies**

The program must integrate the following ACGME competencies into the curriculum:

a) Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents:

- (1) will have education in anatomic pathology that must include instruction in autopsy and surgical pathology, cytopathology, pediatric pathology, dermatopathology, forensic pathology, immunopathology, histochemistry, neuropathology, ultrastructural pathology, cytogenetics, molecular biology, aspiration techniques, and other advanced diagnostic techniques as they become available;**

- (2) will have education in clinical pathology that must include instruction in microbiology (including bacteriology, mycology, parasitology, and virology), immunopathology, blood banking/transfusion medicine, chemical pathology, cytogenetics, hematology, coagulation, toxicology, medical microscopy (including urinalysis), molecular biologic techniques, aspiration techniques, and other advanced diagnostic techniques as they become available;
- (3) will demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective pathology services consultation.
- (4) will perform at least 50 autopsies during the program. Autopsies may be shared, but no more than two residents may count a shared case toward this standard. Further, programs must ensure that residents participate fully in all aspects of an autopsy as appropriate to the case. In a complete autopsy, this includes:
 - (a) review of history and circumstances of death;
 - (b) external examination of the body;
 - (c) gross dissection;
 - (d) review of microscopic and laboratory findings;
 - (e) preparation of written description of gross and microscopic findings;
 - (f) development of opinion on cause of death; and,
 - (g) review of autopsy report with teaching staff.
 - (i) Resident education must include exposure to forensic, pediatric, perinatal and stillborn autopsies.

- (5) will examine and assess at least 2,000 surgical pathology specimens during the program. This material must be from an adequate mix of cases to ensure exposure to both common and uncommon conditions. Residents should formulate a microscopic diagnosis for cases they have examined grossly. Residents should preview their cases prior to sign out with an attending pathologist;
- (6) will examine at least 1,500 cytologic specimens during the program. This material must include a variety of both exfoliative and aspiration specimens; and,
- (7) will participate in the regular formal clinical and teaching rounds corresponding to the laboratory services to which they are assigned. For example, residents should attend infectious disease service rounds while on assignment in microbiology.
- (8) The educational experiences detailed above may be provided through separate, exclusive rotations, by rotations that combine more than one area, or by other means. However the experiences are provided, all rotations and other assignments must conform to the educational goals and objectives of the program.

b) Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents:

- (1) Programs must provide residents with instruction and experience in the interpretation of laboratory data as part of patient-care decision-making and patient-care consultation.
- (2) Programs must also ensure that residents participate in pathology conferences, rounds,

teaching and scholarly activity, as well as gain experience in the management and direction of a pathology laboratory. This laboratory experience should include education in quality assurance, safety, regulations, and the use of hospital and laboratory information systems.

c) Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- (1) identify strengths, deficiencies, and limits in one's knowledge and expertise;**
- (2) set learning and improvement goals;**
- (3) identify and perform appropriate learning activities;**
- (4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;**
- (5) incorporate formative evaluation feedback into daily practice;**
- (6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;**
- (7) use information technology to optimize learning; and,**
- (8) participate in the education of patients, families, students, residents and other health professionals.**

d) Interpersonal and Communication Skills

Residents must demonstrate interpersonal and

communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- (1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;**
- (2) communicate effectively with physicians, other health professionals, and health related agencies;**
- (3) work effectively as a member or leader of a health care team or other professional group;**
- (4) act in a consultative role to other physicians and health professionals; and,**
- (5) maintain comprehensive, timely, and legible medical records, if applicable.**
- (6) along with faculty, be regularly involved in consultative activity;
- (7) provide patient-care consultations which should be both intra- and interdepartmental;
- (8) perform at least 200 intraoperative consultations during the program;
- (9) be considered integral members of the staff of the Department of Pathology, and must have the opportunity to participate in discussions related to management of the department; and,
- (10) when operating under appropriate supervision, be given direct responsibility to make decisions in the laboratory.

e) Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- (1) compassion, integrity, and respect for others;**
- (2) responsiveness to patient needs that supersedes self-interest;**
- (3) respect for patient privacy and autonomy;**
- (4) accountability to patients, society and the profession; and,**
- (5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.**

f) Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- (1) work effectively in various health care delivery settings and systems relevant to their clinical specialty;**
- (2) coordinate patient care within the health care system relevant to their clinical specialty;**
- (3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;**
- (4) advocate for quality patient care and optimal patient care systems;**

- (5) work in interprofessional teams to enhance patient safety and improve patient care quality; and,**
- (6) participate in identifying system errors and implementing potential systems solutions.**

B. Residents' Scholarly Activities

- 1. The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.**
- 2. Residents should participate in scholarly activity.**
 - a) Throughout their time in the program, residents should be exposed to and encouraged to participate in clinical or laboratory research, research seminars, work-in-progress sessions, and organized reviews of intradepartmental research.
 - b) The program should provide an environment that promotes research and scholarly activity by the residents. Resident participation in research may involve methods development, clinical or basic research, or literature surveys.
- 3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities.**

V. Evaluation

A. Resident Evaluation

- 1. Formative Evaluation**
 - a) **The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.**
 - b) **The program must:**

- (1) provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
 - (2) use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);
 - (3) document progressive resident performance improvement appropriate to educational level; and,
 - (4) provide each resident with documented semiannual evaluation of performance with feedback.
- c) The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.

2. Summative Evaluation

The program director must provide a summative evaluation for each resident upon completion of the program. This evaluation must become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy. This evaluation must:

- a) document the resident's performance during the final period of education, and
- b) verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

B. Faculty Evaluation

1. At least annually, the program must evaluate faculty performance as it relates to the educational program.
2. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

3. This evaluation must include at least annual written confidential evaluations by the residents.

C. Program Evaluation and Improvement

1. The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas:
 - a) resident performance;
 - b) faculty development;
 - c) graduate performance, including performance of program graduates on the certification examination; and,
 - d) program quality. Specifically:
 - (1) Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and
 - (2) The program must use the results of residents' assessments of the program together with other program evaluation results to improve the program.
2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

VI. Resident Duty Hours in the Learning and Working Environment

A. Principles

1. The program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment.
2. The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations.

3. Didactic and clinical education must have priority in the allotment of residents' time and energy.
4. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

B. Supervision of Residents

The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.

C. Fatigue

Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

D. Duty Hours (the terms in this section are defined in the ACGME Glossary and apply to all programs)

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.
3. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

E. On-call Activities

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.

- 2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.**
- 3. No new patients may be accepted after 24 hours of continuous duty.**
 - a) A new patient is defined as any patient for whom the resident has not previously provided care.
- 4. At-home call (or pager call)**
 - a) The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
 - b) Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
 - c) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

F. Moonlighting

- 1. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.**
- 2. Internal moonlighting must be considered part of the 80-hour weekly limit on duty hours.**

G. Duty Hours Exceptions

A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

1. In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.
2. Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.

VII. Experimentation and Innovation

Requests for experimentation or innovative projects that may deviate from the institutional, common and/or specialty specific program requirements must be approved in advance by the Review Committee. In preparing requests, the program director must follow Procedures for Approving Proposals for Experimentation or Innovative Projects located in the ACGME Manual on Policies and Procedures. Once a Review Committee approves a project, the sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

ACGME Approved: February 13, 2007

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Exhibit 26

V. Evaluation
 A. Resident Evaluation
 1. Formative Evaluation

Common Program Requirement:

1. *Formative Evaluation*
 - a. *The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.*
 - b. *The program must:*
 - (1) *provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;*
 - (2) *use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);*
 - (3) *document progressive resident performance improvement appropriate to educational level; and*
 - (4) *provide each resident with documented semiannual evaluation of performance with feedback.*
 - c. *The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.*

Explanation:

Formative evaluation or assessment¹ includes both informal 'on-the-spot' feedback² and feedback based on the planned collection of information using assessment forms. Written formative assessment provides a mechanism through which programs can document progressive resident performance improvement. Self-assessment is an important component of formative assessment, both to compare with data from other evaluators and also to develop this important lifelong learning skill.

The primary purpose of formative assessment is to help residents recognize a learning gap (e.g., knowledge, skills, behaviors). It should help residents answer their fundamental questions: Where am I now? Where am I going? How do I get where I am going? How will I know when I get there? Am I on the right track for getting there? Formative assessment is 'successful' if it leads the resident to proactively close the gap, thus also building lifelong learning skills. This is less likely to occur if the formative

¹ The terms "evaluation" and "assessment" are often used interchangeably. "Evaluation" is more often applied to curricula and programs, while "assessment" is applied almost always only to learners. Some reserve the term "evaluation" for summative (end-of-learning period or high stakes) decisions, while using the term "assessment" only for formative purposes. For this document, the terms are assumed to be interchangeable and the reader should focus on the distinction between formative and summative.

² Feedback: Communication of responses and reactions with the aim of enabling improvements to be made.

V. Evaluation

A. Resident Evaluation

1. Formative Evaluation

assessment data are given to residents without discussion of what the data mean and without inviting the resident to plan strategies to improve (often called an 'independent learning plan').

Formative assessment is also an effective way to identify the need for formal remediation as it provides a 'developmental history' of the resident's work, efforts, responses to feedback, and outcomes. Remediation then becomes a process that partners the program director or faculty advisor and resident in planning, implementing and evaluating the remediation. (See CPR IV.A.5.e.) Thus, ongoing discussions between residents and teaching faculty about the meaning of formative assessments may be part of the assessment system.

Programs need to demonstrate planning for and use of an **assessment system** that includes both formative and summative evaluations and identifies the methods used to assess each competency domain and who the evaluators are for each. Effective assessment systems are based on a few core principles: assessment based on identified learning objectives/outcomes related to the six competency domains; use of multiple tools by multiple evaluators on multiple occasions; tools with descriptive criterion-based anchors for the rating scale to aid in fairer and more consistent evaluations. The assessment system must be monitored to assure **timely completion of evaluations** and to assure that the required **semiannual reviews with feedback** take place and are documented.

Data derived from formative assessments should not be used to make high stakes decisions (promotion, graduation). Such data should be discussed with the resident, who can provide more meaning to the context of the situation, and used to guide planning for further learning and to identify the need for remediation. Because so many data points are being collected with formative evaluation, patterns begin to emerge that allow a more accurate 'diagnosis' of the resident's gaps and capabilities – regardless of any 'spin' the resident might put on the results.

The assessment system may include **faculty development** activities such as scheduled faculty meetings. Time could be set aside during faculty meetings to discuss topics such as the assessment tools and methods for using them effectively; and how best to distribute and collect completed evaluations in a timely manner. In addition, the assessment system may also include scheduled meetings with residents so that they know and understand the **performance criteria** on which they will be assessed and the performance standards (i.e., 'how much is enough' for a given level of training or learning experience). The goal is that both faculty and residents will share a common understanding of what is expected and how it will be evaluated and that they perceive assessments as a fair and close approximation of actual ability.

CPR V.A.1.c states that evaluations of resident performance must be **accessible for review by the resident**, in accordance with institutional policy.

V. Evaluation

A. Resident Evaluation

2. Summative Evaluation

Common Program Requirement:

2. *Summative Evaluation*

The program director must provide a summative evaluation for each resident upon completion of the program. This evaluation must become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy. This evaluation must:

- a) document the resident's performance during the final period of education, and*
- b) verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.*

Explanation:

Summative evaluations are needed when critical "high stakes" decisions must be made. Currently in GME, these decisions are related to promotion and graduation, and so they are typically made at the end of each residency year (for progression or promotion to the next year) and at the completion of the program. In addition to the principles for formative assessment (assessment based on identified learning objectives/outcomes related to the six competency domains; use of multiple tools by multiple evaluators on multiple occasions; and tools with descriptive criterion-based anchors for the rating scale to aid in 'fairer' evaluations), the psychometric characteristics of summative evaluation tools are important. That is, both the evaluator and resident should believe that an assessment tool used for summative evaluations provides evidence that can be used to make valid and reliable decisions.

The program director must provide a summative evaluation for each resident at the completion of the program. Characteristics of good summative assessments include:

- decisions are based on pre-established criteria and thresholds, not as measured against performance of past or current residents;
- decisions are based on current performance, not based on formative assessments, which capture the process of developing abilities;
- residents are informed when an assessment is for summative purposes rather than formative purposes; and
- written summative evaluation is discussed with the resident and is available for his/her review.

The end-of-program verification statement that the ACGME requires all program directors to record has changed in the new CPR. Rather than verifying that the resident has "demonstrated sufficient professional ability to practice competently and independently," program directors must now verify that the resident has "demonstrated sufficient competence to enter practice without direct supervision." The new statement clearly applies only to the resident's abilities at the time of graduation. It summarizes in

V. Evaluation

A. Resident Evaluation

2. Summative Evaluation

very succinct language the goal of all GME programs. If the program director does not feel comfortable signing such a statement for a resident, that resident should not be allowed to graduate, even if the specified time for residency education has expired. Such a situation is less likely if ACGME requirements for evaluation have been systematically implemented. Problems will have been identified much earlier, opportunities for remediation provided, and dismissal decisions considered well before the end of residency/fellowship education.

Both the end-of-program summative evaluation and the end-of-program verification statement for all graduates should be retained in perpetuity in a site that conforms to reasonable document security standards (protected from fire, flood, and theft). To ensure that the institution can demonstrate appropriate due process for dismissed residents, program directors should seek the advice of the DIO on the documents to keep for dismissed residents.

Exhibit 27

ACGME 2010-2011 Resident Survey - page 1
 3003521251 Mount Sinai School of Medicine Program - Pathology-anatomic and clinical

Residents Surveyed: 22
 Residents Responding: 19
 Residents Responding: 86%

Duty Hours

	Never	Rarely	Sometimes	Very often	Extremely often	NA
How often did you break the rule that duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities?	84.2%	0.0%	15.8%	0.0%	0.0%	
How often did you break the rule that residents/fellows must be scheduled for a minimum of 1 day in 7 free from all residency related duties, averaged over a 4-week period?	73.7%	21.1%	5.3%	0.0%	0.0%	
How often did you break the rule that in-house call must occur no more frequently than every 3rd night, averaged over a 4-week period?	31.6%	0.0%	0.0%	0.0%	0.0%	68.4%
How often did you break the rule that there should be a 10-hour time period provided between all daily duty periods and after in-house call?	47.4%	26.3%	26.3%	0.0%	0.0%	
How often did you break the rule that continuous on-site duty, including in-house call, may be scheduled to a maximum of 24 consecutive hours with up to 6 additional hours on duty to allow for continuity or transition of care, scheduled didactic activities, or outpatient clinics?	100.0%	0.0%	0.0%	0.0%	0.0%	
How often did you break the rule that at-home call must not be so frequent as to preclude rest and reasonable personal time for you?	78.9%	10.5%	10.5%	0.0%	0.0%	0.0%
When you take at-home call and are called into the hospital, how often did you count the hours spent in-house towards the 80-hour limit?	0.0%	5.3%	10.5%	26.3%	57.9%	0.0%

Which of the following explain why you reported breaking one or more of the duty hour rules:	Yes
Because your patient(s) needed your expertise, skill, or attention?	0.0%
Because you had to complete paperwork on patients, or other administrative work?	26.3%
Because you wanted to work additional hours for the educational experience?	15.8%
Because you had to cover someone else's work or patient load?	10.5%
Because of a night-float system?	0.0%
Because of a schedule conflict, such as educational conferences scheduled during your free time?	5.3%
Any other reasons?	15.8%

Faculty

	Extremely	Very	Somewhat / Sometimes	Slightly / Rarely	Not at all / Never
How sufficient is the supervision you receive from faculty and staff in your program?	10.5%	52.6%	21.1%	10.5%	5.3%
How often do your faculty and staff provide an appropriate level of supervision for residents when the residents care for patients?	31.6%	47.4%	21.1%	0.0%	0.0%
How sufficient is the instruction you receive from faculty and staff in your program?	5.3%	42.1%	31.6%	10.5%	10.5%
Thinking about the faculty and staff in your program overall, how interested are they in your residency education?	10.5%	42.1%	26.3%	15.8%	5.3%
Thinking about the faculty and staff in your program overall, how effective are they in creating an environment of scholarship and inquiry?	5.3%	26.3%	31.6%	15.8%	21.1%

Evaluation

	No	Yes
If you want to review feedback on your performance, are you able to access your evaluations?	5.3%	94.7%

	Extremely	Very	Somewhat	Slightly	Not at all	Don't evaluate
How satisfied are you that your program treats your evaluations of faculty members confidentially?	15.8%	36.8%	21.1%	15.8%	0.0%	10.5%
How satisfied are you that your program treats your evaluations of the program confidentially?	15.8%	15.8%	31.6%	15.8%	5.3%	15.8%
How satisfied are you with the way your program uses the evaluations that residents/fellows provide to improve the program?	0.0%	21.1%	21.1%	15.8%	26.3%	15.8%
Overall, how satisfied are you with the written or electronic feedback you receive after you complete a rotation or major assignment?	5.3%	21.1%	57.9%	10.5%	5.3%	

ACGME 2010-2011 Resident Survey - page 2
 3003521251 Mount Sinai School of Medicine Program - Pathology-anatomic and clinical

Residents Surveyed: 22
 Residents Responding: 19
 Residents Responding: 86%

Educational Content

	No	Yes
Has your program provided you with its general goals and objectives in either a hard copy or electronic form?	10.5%	89.5%
Has your program provided you with goals and objectives for each rotation and major assignment in either a hard copy or electronic form?	21.1%	78.9%
Has your program adequately instructed you on how to manage the negative effects of fatigue and sleep deprivation on patient care?	21.1%	78.9%

	Extremely	Very	Somewhat / Sometimes	Slightly / Rarely	Not at all / Never
How satisfied are you with the opportunities your program provides for you to participate in research or scholarly activities?	0.0%	21.1%	31.6%	26.3%	21.1%
In your opinion, how often do your rotations and other major assignments provide an appropriate balance between your residency education and other clinical demands?	0.0%	21.1%	52.6%	21.1%	5.3%
How often has your clinical education been compromised by excessive service obligations?	31.6%	15.8%	47.4%	5.3%	0.0%

Resources

sources	No	Yes			
When you need reference materials for your specialty, do you have ready access to printed or electronic materials?	10.5%	89.5%			
	Extremely	Very	Somewhat / Sometimes	Slightly / Rarely	Not at all / Never
How often do you work in interdisciplinary teams to care for patients?	15.8%	5.3%	36.8%	36.6%	5.3%
How satisfied are you with your program's process to deal confidentially with problems or concerns residents/fellows might have?	10.5%	21.1%	31.6%	10.5%	26.3%
How often has your ability to learn been compromised by the presence of trainees who are not part of your program, such as residents from other specialties, subspecialty fellows, PhD students, or nurse practitioners?	0.0%	0.0%	10.5%	47.4%	42.1%
	A great deal	Quite a bit	Somewhat	A little	Not at all
To what extent does your program provide an environment where residents/fellows can raise problems or concerns without fear of intimidation or fear of retaliation?	10.5%	36.8%	21.1%	15.8%	15.8%

Overall Experience

Which of the following best summarizes your opinion of your residency program?

A great experience - if I had to select residency programs again, I would definitely choose this one.

5.3%

A good experience - if I had to select residency programs again, I would probably choose this one.

26.3%

A neutral experience - if I had to select residency programs again, I might or might not choose this one.

26.3%

A negative experience - if I had to select residency programs again, I would probably not choose this one.

21.1%

A very negative experience - if I had to select residency programs again, I would definitely not choose this one.

21.1%



ACGME 2010-2011 Resident Survey - page 3 Residents Surveyed: 22
 3003521251 Mount Sinai School of Medicine Program - Pathology-anatomic and clinical Residents Responding: 19
 Specialty Specific Questions Residents Responding: 86%

Please rate the quality of your education in the following areas:	Average	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Don't Know or Not Applicable (N/A)
Laboratory Management and Administration (Including Information Systems) (eg, QA, QI)	2.8	10.5%	10.5%	15.8%	10.5%	5.3%	47.4%
Autopsy Pathology	4.1	0.0%	5.3%	21.1%	31.6%	42.1%	0.0%
Surgical Pathology	3.0	15.8%	21.1%	26.3%	21.1%	15.8%	0.0%
Cytopathology	2.5	26.3%	15.8%	15.8%	10.5%	10.5%	21.1%
Neuropathology	2.4	21.1%	15.8%	15.8%	15.8%	0.0%	31.6%
Forensic Pathology	3.3	10.5%	5.3%	15.8%	15.8%	15.8%	36.8%
Pediatric Pathology	3.8	0.0%	10.5%	15.8%	52.6%	21.1%	0.0%
Dermatopathology	2.7	10.5%	26.3%	15.8%	15.8%	5.3%	26.3%
Hematology/Hematopathology	2.9	10.5%	15.8%	10.5%	10.5%	10.5%	42.1%
Coagulation	3.5	5.3%	5.3%	15.8%	10.5%	15.8%	47.4%
Serology and Immunochemistry	3.3	5.3%	5.3%	26.3%	0.0%	15.8%	47.4%
Blood Banking/Transfusion Medicine	3.6	5.3%	5.3%	10.5%	15.8%	15.8%	47.4%
Clinical Chemistry	3.3	5.3%	15.8%	21.1%	21.1%	15.8%	21.1%
Medical Information Management (e.g. Computerized Medical Records, Databases, etc.)	2.5	15.8%	0.0%	21.1%	0.0%	5.3%	57.9%
Toxicology	2.7	10.5%	0.0%	15.8%	0.0%	5.3%	68.4%
Medical Microbiology	3.5	5.3%	15.8%	21.1%	21.1%	26.3%	10.5%
Cytogenetics	3.1	10.5%	0.0%	31.6%	5.3%	10.5%	42.1%
Molecular Pathology/Molecular Diagnostics	3.3	5.3%	5.3%	31.6%	5.3%	15.8%	36.8%
Flow Cytometry	3.4	5.3%	15.8%	15.8%	26.3%	15.8%	21.1%

Please rate the quality of conferences in the following areas:	Average	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Don't Know or Not Applicable (N/A)
Morbidity/Mortality	3.3	5.3%	10.5%	21.1%	21.1%	10.5%	31.6%
Clinical Pathology	2.8	10.5%	36.8%	26.3%	10.5%	15.8%	0.0%
Gross Pathology	3.1	15.8%	10.5%	31.6%	15.8%	15.8%	10.5%
Surgical Pathology	3.7	0.0%	10.5%	31.6%	36.8%	21.1%	0.0%
Critical evaluation of literature (e.g. Journal Club)	2.8	15.8%	21.1%	21.1%	21.1%	5.3%	15.8%
Research	2.1	26.3%	10.5%	5.3%	5.3%	5.3%	47.4%

Please rate the quality of program space, equipment and facilities in the following areas:	Average	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Don't Know or Not Applicable (N/A)
Conference room	1.9	42.1%	21.1%	26.3%	5.3%	0.0%	5.3%
Resident personal work space	4.7	0.0%	0.0%	10.5%	10.5%	78.9%	0.0%
Autopsy suite	3.9	0.0%	5.3%	31.6%	26.3%	36.8%	0.0%
Cytopathology	2.7	5.3%	10.5%	36.8%	5.3%	0.0%	42.1%
Surgical pathology	2.9	15.8%	10.5%	42.1%	31.6%	0.0%	0.0%
Forensic pathology	4.0	0.0%	0.0%	15.8%	5.3%	15.8%	63.2%
Flow cytometry	3.6	0.0%	5.3%	31.6%	10.5%	15.8%	36.8%
Molecular diagnostic	3.6	0.0%	5.3%	15.8%	31.6%	5.3%	42.1%
Cytogenetic	3.6	0.0%	5.3%	15.8%	21.1%	5.3%	52.6%
Blood bank	4.0	0.0%	5.3%	10.5%	10.5%	21.1%	52.6%
Hematology	4.0	0.0%	0.0%	15.8%	15.8%	15.8%	52.6%
Chemistry	4.1	0.0%	0.0%	15.8%	26.3%	21.1%	36.8%
Microbiology	4.0	0.0%	0.0%	31.6%	21.1%	31.6%	15.8%

ACGME 2010-2011 Resident Survey - page 4
 3003521251 Mount Sinai School of Medicine Program - Pathology-anatomic and clinical
 Specialty Specific Questions

Residents Surveyed: 22
 Residents Responding: 19
 Residents Responding: 86%

	Average	Strongly Disagree 1	Disagree 2	Neither Agree Nor Disagree 3	Agree 4	Strongly Agree 5	Don't Know or Not Applicable (N/A)
There is a sufficient number of technologists and other staff to support laboratory work as well as resident education in anatomic pathology	1.7	47.4%	31.6%	15.8%	0.0%	0.0%	5.3%
There is a sufficient number of technologists and other staff to support laboratory work as well as resident education in clinical pathology	3.9	5.3%	5.3%	10.5%	26.3%	31.6%	21.1%
Members of the teaching staff actively participate in clinical discussions, rounds, and conferences.	4.0	0.0%	10.5%	10.5%	47.4%	31.6%	0.0%
Members of the teaching staff are actively involved in the planning and presentation of program conferences, lectures, and seminars.	3.6	10.5%	10.5%	10.5%	36.8%	26.3%	5.3%
Residents actively participate in autopsies during their forensic pathology assignments.	4.7	0.0%	0.0%	0.0%	21.1%	47.4%	31.6%
Residents have adequate faculty supervision during all aspects of autopsy performance and reporting.	4.4	0.0%	5.3%	5.3%	36.8%	52.6%	0.0%
Residents have an opportunity to study slides of the surgical pathology specimens they gross before they are read and reported by an attending	2.6	31.6%	21.1%	10.5%	21.1%	10.5%	5.3%
Residents are given responsibility for call during clinical pathology assignments.	4.1	5.3%	0.0%	10.5%	36.8%	36.8%	10.5%
Residents have opportunity to serve as a clinical pathology consultant to other services.	3.7	10.5%	0.0%	10.5%	31.6%	21.1%	26.3%
Residents have opportunity to serve as an anatomic pathology consultant to other services.	4.0	0.0%	5.3%	21.1%	31.6%	31.6%	10.5%
Residents have adequate faculty support ("backup") during call assignments	3.9	0.0%	10.5%	21.1%	36.8%	31.6%	0.0%
Residents are given a written statement of the program's educational goals, required rotations, and supervision guidelines.	4.3	0.0%	0.0%	15.8%	36.8%	42.1%	5.3%
Residents have 24-hour access to pathology reference materials at all program institutions.	2.9	21.1%	21.1%	15.8%	15.8%	21.1%	5.3%
Residents are encouraged to become involved in clinical or laboratory research.	2.9	21.1%	21.1%	10.5%	26.3%	15.8%	5.3%
The program provides guidance and technical support (eg, research design, statistical analysis) for resident research.	2.1	36.8%	21.1%	15.8%	15.8%	0.0%	10.5%
Pathology subspecialty residents (ie, fellows) rotating on the pathology service do not have an adverse impact on the education of residents.	4.2	5.3%	10.5%	10.5%	10.5%	63.2%	0.0%

Exhibit 28